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ABSTRACT

This five-part report summarizes the 1975-1978 activities of the Human Services/Drug Abuse (HS/DA) Project coordinated by Miami-Dade Community College (M-DCC) under the sponsorship of the National Institute on Drug Abuse. Part I discusses the membership selection, formation, organization, and current status of a national demonstration consortium of community colleges, established for the cooperative development of broadly transferable associate degree programs in Human Services, with an emphasis on drug abuse. Part II outlines the activities and progress of the consortium toward an HS/DA degree program, which have included the creation of preliminary definitions and goals for HS/DA education; discussion on curriculum design; and the development of drug abuse modules, pilot programs on video cassettes, and a Human Services textbook. Part III discusses the presentations made by consortium members at two conferences. Part IV outlines the methodology and procedures of a survey begun in 1977 to determine the state of Human Services education at 400 two-year institutions. Part V discusses the planning for the implementation of an HS/DA degree program at M-DCC. The document includes five appendices corresponding to each of the report sections. (JP)

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A COMPREHENSIVE REPORT
IN FIVE SECTIONS
TO THE
NATIONAL INSTITUTE ON DRUG ABUSE

CONCERNING THE

NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT

COORDINATED BY

MIAMI-DADE COMMUNITY COLLEGE

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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FOR THE PERIOD

AUGUST, 1975 THROUGH JULY, 1978

JC 800 075

INTRODUCTION

Miami-Dade Community College (M-DCC) of Miami, Florida received funds over a three-year period (August, 1975 - July, 1978) from the National Institute on Drug Abuse (NIDA) to: form a small national demonstration consortium of community and junior colleges; cooperatively design a process for deriving Associate Degree Programs in Human Services with an emphasis on Drug Abuse; cooperatively design and develop instructional materials for utilization in the programs; and coordinate the planning for implementing the programs at the consortium colleges and expanding the consortium membership nationally. This comprehensive report provides detailed information relating to: the various developmental phases through which the consortium has passed; the program design accomplishments of the consortium members; the status of the instructional materials under preparation for the programs; and the planning preceding the local implementation of programs and the national expansion of the consortium. The national Human Services/Drug Abuse (HS/DA) consortium with its potential for delivering flexible HS/DA programs cooperatively with drug abuse facility programs to competent but non-credentialed workers supports a major objective in the mission of NIDA. The consortium is presently in the last phase of formulation and is expected to be fully operational on a national basis by the Fall of 1979.

ACKNOWLEDGEMENTS

The national project staff would like to thank all those persons who assisted with the development of various aspects of the Human Services/Drug Abuse (HS/DA) project. Specific acknowledgements will be made throughout the report. For now, we would like to mention briefly the many agencies and categories of persons who were involved. Special thanks go to the National Institute on Drug Abuse (NIDA) system for its continuous interest and support of the project. The Human Services and Drug Abuse expertise provided by the Center for Human Services (CHS), the Career Development Center (CDC), the National Institute for Drug Programs (NIDP) and the National Drug Abuse Center (NDAC) were most valuable. The consultants associated with the various agencies were very helpful. The success of the entire effort has been greatly aided by the cooperation and assistance provided by the Florida Single State Agency and the Metropolitan Dade County Drug Abuse Program. We are most indebted to the administrative representatives and curriculum specialists of the participating colleges and Miami-Dade Community College (M-DCC).

CONTACT PERSONS

Further information concerning the national Human Services/Drug Abuse (HS/DA) project being coordinated by Miami-Dade Community College (M-DCC) can be obtained from the following institutional persons:

MIAMI-DADE COMMUNITY COLLEGE

DISTRICT ADMINISTRATION
11011 S. W. 104th Street
Miami, Florida 33176

Dr. J. Terence Kelly
Vice President for Educational Services
Room 1114
(305) 596-1345

Dr. Horace Jerome Traylor
Dean for Development
Room 1132
(305) 596-1387

Dr. George Mehallis
College Dean for Occupational Education
Room 1112
(305) 596-1345

Mr. James E. O'Connor
HS/DA Project Director
Room 2147
(305) 596-1330

NORTH CAMPUS
11380 N. W. 27th Avenue
Miami, Florida 33167

Mr. Joseph S. Olson
HS/DA Academic Coordinator
Department of Inter-Cultural Studies
Room 2256
(305) 685-4216

NEW WORLD CENTER CAMPUS
300 N. E. 2nd Avenue
Miami, Florida 33132

Mr. Charles F. Klingensmith
HS/DA Program Manager
House 4, Social Science
Room 1434
(305) 577-6800 Extension 31

SOUTH CAMPUS
11011 S. W. 104th Street
Miami, Florida 33176

Dr. Susan Blank
Chairperson/Psychology and Education
Room 6206
(305) 596-1215

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A COMPREHENSIVE REPORT
TO THE
NATIONAL INSTITUTE ON DRUG ABUSE
SECTION I: THE CONSORTIUM

CONCERNING THE

NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT

COORDINATED BY

MIAMI-DADE COMMUNITY COLLEGE

FOR THE PERIOD

AUGUST, 1975 THROUGH JULY, 1978

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NATIONAL INSTITUTE ON DRUG ABUSE

Dr. Lonnie E. Mitchell
Chief, Manpower and Training Branch

Dr. Thomas Carroll
Director, Division of Resource Development

Mr. Edward T. Morgan
Training and Education Advisor

Dr. George Ziener
Education Administrator

Center for Human Services

Dr. Hyman Frankel
President

Career Development Center

Dr. Avis Pointer
Director

CONSULTANTS

Dr. H. Stephen Glenn
Consultant to Center for Human Services

Dr. Stephen Plumer
President, Center for Educational Development

MIAMI-DADE COMMUNITY COLLEGE

Dr. Robert H. McCabe
Executive Vice President

Dr. Horace J. Traylor
Dean, Development Office

Dr. J. Terence Kelly
Vice President for Educational Services

Dr. George Mehallis
College Dean of Occupational Education

CONSORTIUM ADMINISTRATIVE REPRESENTATIVES

Cuyhoga Community College
Dr. Robert E. Parilla
Vice President for Educational Planning and Development

Mercer County Community College
Dr. William O. Gall
Associate Dean for Liberal Arts and Commerce

Community College of Denver
Dr. John Swenson
Vice President, North Campus

Miami-Dade Community College
Dr. George Mehallis
College Dean of Occupational Education

El Paso Community College
Mr. Jose Rivera, Director of Mental Health/Human Services Program

Peralta Community College System
Mr. John Holleman, President
Non Traditional Studies

Essex County College
Dr. Robert Adubato
Assistant Dean of Instruction

St. Louis County Junior College District
Dr. Samuel Stone, Coordinator of Institutional Development

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I. THE CONSORTIUM

A. BRIEF RECAPITULATION

Miami-Dade Community College received a small starter grant during the Fall of 1975 from the National Institute on Drug Abuse (NIDA) to design broadly transferable, Associate Degree Programs in Human Services with emphasis upon Drug Abuse. The major obligations of the grant were concerned with the formulation of a small national consortium of community and junior colleges to begin demonstrating cooperatively designed programs and instructional materials no later than the Fall of 1978. This section of the report provides background information relating to the various developmental phases through which the consortium has passed since August, 1975, and concludes with a detailed analysis of the organizational status of the consortium as of July, 1978. The National Consortium with its potential for delivery of Human Services/Drug Abuse (HS/DA) programs is considered a high priority by NIDA. The consortium is expected to assume full maturity by the Fall of 1979. Clarification of federal funding levels for individual consortium members, establishment of a starting date for implementation of the national project and knowledge of the colleges selected to participate as charter members are the three existing consortial concerns awaiting expeditious resolution.

The "FIRST-YEAR REPORT" for the National Human Services/Drug Abuse (HS/DA) project which contains detailed consortium information for the formative period August, 1975 through July, 1976 is available at minimal cost in microfiche or hard copy under order number ED 143 403 from:

ERIC Document Reproduction Service
Computer Microfilm International Corporation
P.O. Box 190
Arlington, Virginia 22210

B. CRITERIA FOR DETERMINING PARTICIPATING INSTITUTIONS

One of the most difficult project tasks was the determination of those institutions to be invited to participate in this unique national consortial effort. The difficulty was based upon the number of fine institutions throughout the country eminently qualified and eligible for charter membership. In order to resolve the problem, a set of criteria was derived by the college administration and project staff in cooperation with representatives from the National Institute on Drug Abuse as well as the Center for Human Services and the Career Development Center (both of which have earned excellent national reputations in Human Services and Drug Abuse) for the purpose of determining the initial group of colleges for the consortium.

It was decided each college should have the following characteristics:

1. have an "Open Door" policy;
2. be acredited by one of the six regional accrediting associations;
3. have used "Open Learning" courses;
4. have cooperated with national "Open Learning" projects;
5. have large enrollments;
6. be located in large metropolitan areas;
7. be located near a Regional Training Center;
8. have adaptable "Open Learning" courses to share;
9. be receptive to the concept of flexible delivery of instruction;
10. have an upper division institution in the region to which students may transfer credits earned in this program toward a Bachelor's Degree;
11. be acceptable to the funding agency or its designee;
12. agree to design the program to generate FTE so that the program will be self-supporting at the conclusion of the funding period;
13. be committed to the expansion of the national consortium to include other institutions in designated areas of the country;
14. and should be acceptable to the American Association of Community and Junior Colleges (AACJC).

Through the use of an analysis grid, which made possible the comparison of colleges to the criteria, the following eight colleges were selected:

Cuyahoga Community College
Cleveland, Ohio

Community College of Denver
Denver, Colorado

El Paso Community College
El Paso, Texas

Essex County College
Newark, New Jersey

Mercer County Community College
Trenton, New Jersey

Miami-Dade Community College
Miami, Florida

Peralta Community College System
Oakland, California

St. Louis County Junior College
St. Louis Missouri

C. INFORMING MEMBER INSTITUTIONS OF THE TASK

Upon determining the institutions to be invited to participate in the consortium, a series of telephone calls was made by the college administration, principally Dr. Robert H. McCabe, Executive Vice President and the national project staff to obtain acceptance. The following chief executive officers on behalf of their colleges, expressed a desire to participate in the consortium:

Cuyahoga Community College
Dr. Nolen M. Ellison,
President

Mercer County Community College
Dr. John P. Hanley,
President

Community College of Denver
Dr. Leland B. Luchsinger,
President

El Paso Community College
Dr. Ray Salazar,
Acting President

Essex County College
Dr. J. Harry Smith,
President

Miami-Dade Community College
Dr. Peter Masiko Jr.,
President

Peralta Community College System
Dr. Thomas W. Fryer, Jr.,
Chancellor and Superintendant

St. Louis County Junior College
Dr. Richard Greenfield,
President

In order to facilitate decisions related to consortial matters, each of the college leaders selected a staff member to serve as an administrative representative to the project. The individuals chosen have been duly accorded recognition on the acknowledgements page preceding this section of the report.

During the early developmental period of the project it was necessary to keep a steady flow of information going to the member institutions indicative of the nature of the tasks with which the consortium must deal. The following are excerpts from project correspondence which described various salient aspects:

> "We are happy that you are joining us in the establishment of a National Consortium of Community Colleges for the purpose of creating a two-year broadly-transferable Human Services degree for personnel employed by Substance Abuse Centers. Because potential students will be scattered throughout the metropolitan area, and because they will be fully employed, it is felt that such a degree should be awarded largely by flexible modes of instruction. Existing modes of external instruction, however, are less acceptable to this category of clientele because of their unique personal profiles, and for this reason we have created the role of Program Manager, who hopefully will provide the intimate, emotional support that prospective clientele have come to expect."
>
> "The recognized pioneers in directing the education of substance abuse workers are the Center for Human Services (CHS), and the Career Development Center (CDC), both of Chevy Chase, Maryland. Their most extensive effort was at Marjorie Webster Junior College, Washington, D.C. They have graciously provided us with pertinent curricular materials regarding their two year program. We propose that these materials serve as the starting point for evolving a program acceptable to the national consortium."
>
> "The need for the establishment of a Human Services program for substance abuse workers is urgent. Many of the older substance abuse centers are staffed by mature personnel with a sparse formal education who are nevertheless functioning at a high level of professionalism. Unfortunately, because they have no credentials to substantiate their competency level they are frequently employed at minimal salaries. For these

persons, again because they are non-credentialed, their current status is an occupational dead-end. They cannot be located in other Human Service areas within the community. Further, the question of credentials is being increasingly raised by third-party payees and therefore even their current occupational status is imperiled. Our consortium will begin to resolve the credentials problem and therefore, broaden career opportunities for such personnel."

"We believe that with maximum commitment, such a program can be operational soon. With this in mind, we are asking each participating institution to designate one individual to serve as a curriculum specialist who could possibly become a curriculum writer/program manager for the project. Our preliminary analysis indicates a need for expertise primarily from the disciplines of Social and Behavioral Sciences."

In addition to forming a national consortium of community and junior colleges to offer an "Associate Degree Program in Human Services with Emphasis Upon Drug Abuse," we were obligated to cooperatively design a model curriculum for the program, determine methods for delivering the instruction effectively, and prepare a first curricular effort. These obligations were stated in the proposal submitted by Miami-Dade to NIDA and shared with the consortium members.

D. DOCUMENTS DISPATCHED TO POTENTIAL PARTICIPANTS

Since a major thrust of the project was concerned with cooperative curriculum development, each of the institutions involved identified a specialist to serve in that role. In order to keep the lines of communication open, a steady interchange by telephone and mail among the curriculum specialists was maintained during the project. Of particular significance were the documents shared with specialists aiding them in reaching cooperative curricular decisions and fulfilling consortial obligations. Primary among the shared materials were: existing institutional project-related curriculum designs and programs, documents generated individually in response to mutually beneficial project assignments, complete sets of packaged courses, audio visual productions and printed materials from the National Drug Abuse Center (NDAC), curriculum materials developed by the National Institute for Drug Programs (NIDP) used at Marjorie Webster Junior College, the National Training System (NTS) course calendar, and consultant reports. We had valuable spoken and printed input throughout the project from many sources.

E. THE WASHINGTON MEETING

The first formal meeting of the consortium was held in Washington, D.C., at the conclusion of the March, 1976 National Convention of the American Association of Community and Junior Colleges (AACJC). The list of individuals who attended and the agenda for the meeting (Appendix A pp. 1-3) are included in this report.

The meeting served principally as an orientation session during which the potential consortium representatives had the opportunity to obtain from resource persons present, background information on the policies, accomplishments, support services and plans of the National Institute on Drug Abuse, the Center for Human Services and the Career Development Center. In addition, a lengthy discussion occurred focusing on the objectives, accomplishments, and consortial requirements of the Human Services/Drug Abuse project. Many specific and consortially related questions were asked concerning funding, governance, materials development and utilization, and institutional commitment. Some preliminary and potential answers were suggested. At the conclusion of the meeting, the institutional representatives expressed generally a desire to discuss their findings with home administrations. Shortly thereafter, the Denver meeting was requested.

F. DENVER MEETING I

Early in May, 1976 following the receipt of several inquiries, the administrative contact person at each potential consortium institution was telephoned concerning the value of a second consortium meeting. The general opinion of the group was that "Consortium Meeting II" should be convened as a one-day session and Denver, Colorado was approved as the meeting location.

Each institutional representative mentioned an interest in bringing about a more concise but still preliminary formulation of the potential consortium. Letters of intent to enter into inter-institutional cooperation had been released by the presidents of the colleges and their administrative representatives expressed a desire to explore further the elements of the cooperation. A general intent was to describe the structure and function of the consortium to a point which would facilitate implementation should major funding be granted and not to preliminarily fix structure and function so rigidly that implementation would be unnecessarily difficult and prolonged.

1. ORIGIN OF THE AGENDA

Each representative was invited to participate in the preparation of the agenda by providing single-topic-questions which were clustered according to affinities and arranged in a logical sequence for efficient discussion. Topics from "Consortium Meeting I", held in Washington, D.C. on March 19-20, 1976, were included in the discussion-agenda. Some questions on the agenda prompted participants to proffer other related inquiries. When participants wanted to ask questions not on the agenda, they were requested by the facilitator to mention them at appropriate times during the discussion.

2. MEETING PARTICIPANTS

The meeting was attended by administrative representatives from seven of the eight potential consortium institutions, project staff and a resource person (Appendix A, p. 4).

Three project staff persons from Miami-Dade Community College serving in different capacities were present at the Denver Meeting.

James E. O'Connor (Project Director) arranged and managed the meeting and assisted in writing the meeting report. Joseph Olson (Academic Coordinator) provided explanations requested by the membership concerning the curriculum design accomplishments and plans of the consortium. Charles Klingensmith, an administrator from Miami-Dade's North campus on temporary assignment to the project as a facilitator/writer, assisted in the composition of the meeting which reflected the groups discussion, decisions, suggestions and concerns.

Horace J. Traylor, Dean of Miami-Dade's Development Office, provided to the potential consortium members present the latest information available to him concerning possible funding levels and flows, and starting dates. In addition, he informed the group of the national coordination of the three consortial degree levels and supportive services-student recruitment, consultant pool, resource library, and curriculum development-to be available from the Center for Human Services (CHS) directed by Dr. Hymen Frankel and principally from the Career Development Center (CDC) directed by Dr. Avis Pointer.

3. DISCUSSION CATEGORIES

During the one-day meeting the group (Appendix A, p. 4) dealt effectively with the discussion-agenda, (Appendix A, pp. 5-7) proclaimed by them to be most ambitious. Initially, an informal and rambling discussion period occurred which produced a grasp of the magnitude of the task for the day, general comfort among the participants, a candid discussion attitude, and preliminarily, answers to many of the single-topic-questions contained in the discussion-agenda. The group discussed the following categories of questions during the day; Monetary Considerations, Lines of Authority, Institutional Responsibilities, Purpose and Operation of the Consortium, Programatics, and Materials.

4. DECISIONS, SUGGESTIONS AND CONCERNS

What follows is a condensation of the voluminous information which emerged from the vigorous discussion. Basically, the results of the meeting can be classified as decisions, suggestions and concerns. There were some questions for which the membership provided firm answers (decisions) due to existing policies and regulations at their institutions, and within their state educational systems and regional accrediting agencies. To other questions for which they could not provide firm responses at the time, they elected to offer suggestions for dealing with the situations. And finally, those questions not answerable at the time were not eliminated from the report but survived in the form of stated concerns awaiting resolution.

5. MONETARY CONSIDERATIONS

In proposals submitted to the National Institute on Drug Abuse, funding to each of the participating institutions for the initial year was in the $20,000 to $25,000 range. Funding for subsequent years was to be reduced slightly and progressively as the individual institutions began to assume more financial responsibility for the operation of the program culminating in full financial responsibility upon termination of federal funding. It was proposed that the project operate for a period of five years. The membership suggested due to; tight money conditions at the institutions, a need to operate a quality program efficiently and effectively, hidden and indirect costs, the high salary required to attract a competent program manager, a possible need to develop and produce program materials unique to a single institution, some limited but project/program-related travel and consultative input, coincidental communication costs for telephone and postage, and numerous other reasons, that an institutional funding level in the $40,000 to $45,000 range would be much more realistic and would strongly encourage the existing potential members to become full-time and completely committed charter members in this unique national consortial effort. It was also suggested that the funding levels for subsequent years should be kept commensurately high as a consequence of all of the previously stated reasons.

In addition to the question of funding level, the additional question of a starting date for new funding was considered of high significance. The original starter-grant budget-period concluded institutionally July 31, 1976. The members agreed to provide the project director by June 30, 1976, with statements indicating the programatic uses of the institutional subpayments. Later information indicated the availability of interim funding of approximately $50,000. The important issue before the members was concerned with the proper use of the money for consortium maintenance and cooperative curriculum development. The membership suggested subpayments of $4,500 to each institution from the interim funding to cover the costs of operating the project for the months of July, through September, 1976 at $1,500 per month. This suggestion was based upon the premise that major funding of $400,000 for the project might be made available starting October 1, 1976 which would, although hurriedly, make possible the admission of students in the program on the earlier planned date of January, 1977.

Information available from NIDA indicated a need to decelerate the collective efforts somewhat from those considered previously. We were advised to use the interim funding to keep the coordinating staff for the consortium in place at Miami-Dade. The consortium and its potential delivery capabilities among other equally important features were considered by NIDA with its own challenging tasks, to be a valuable and important adjunct system. From July through September, 1976 we were advised to engage in a cooperative writing effort and produce consortium-related proposals for submission to NIDA prior to October 1, 1976. If approved, mini-grant awards-possibly up to $50,000-from NIDA, might have been made which would allow each consortium member to be operational no later than September, 1977-a newly anticipated beginning date for the delivery of the program. A master-grant would be requested by Miami-Dade for the coordination of the Associate's degree consortium. To fill the possible year-long financial void, we understood that NIDA was searching for supplemental monies which could have provided for continued maintenance of the national consortium and resulting cooperative curriculum development. In general, NIDA staff considered our collective efforts to be a high priority, but lacked at the time, and this condition could have been altered upward, sufficient and readily available monies to make a single large award to the consortium.

The consortium members had at least two major concerns related to this major discussion category. The cash flow was to be as simplex as possible. This would have allowed for clarity in reporting, lines of communication, and accounting as well as many other similar administrative and managerial responsibilities. If one of the existing proposals to NIDA were to be funded, each of the participating institutions would be a sub-contractor to Miami-Dade. The members requested being informed of funding levels and starting dates as far in advance as possible in order to properly participate in full-time cooperative design and development, and prepare for utilization of the program at their respective institutions. Delays made the prospect of a January, 1977 implementation very dim.

If one of the proposals before NIDA were funded, the membership suggested-based upon the need to reach a $40,000 to $45,000 sub-contractor level at each institution-the diverting of some monies from the grant to Miami-Dade. This would have resulted in a general decrease in the money available for developing and producing mutually beneficial curricular materials, national meetings of the consortium for common development purposes, effective coordination of the consortium, as well as other similar consortial endeavors. Since Miami-Dade had been endorsed by the consortium members as the lead or coordinating institution,the last suggestion did seem as though it would make unnecessarily difficult the successful fulfillment of the role under resultant financing.

6. LINES OF AUTHORITY

During the early portion of the meeting-day, Dean Horace J. Traylor explained the organization of three-degree-awarding/ consortial-levels and their relationship with CHS and CDC. Each consortium member would have an advisory council of college presidents or their designees that would establish policies and procedures for its own consortium thereby giving equal authority to each voting consortium member. In addition, a representative from the advisory council of each degree-awarding consortial-level would have membership in a governance board for the entire national project thereby providing for articulation among the degree-awarding consortial-levels. The National Institute on Drug Abuse (NIDA) is the award-granting federal agency to which all participants in the project would ultimately be directly or indirectly responsible. The directness of an individual's responsibility would depend upon the final approved form the organizational schema for the national project assumed. Upon official notification from NIDA, the directors and staffs of state and regional drug education programs would be made available as resource persons and student recruitment aids. Written progress and final reports relating especially to fiscal and material accountability would be submitted to the coordinating institution on a schedule to be decided and also to the funding agency and/or its designee at their (its) discretion.

7. INSTITUTIONAL RESPONSIBILITIES

Each institution participating in the consortium would eventually be under contract to the coordinating institution, or NIDA, or NIDA's designee through notification of grant award or a written contract based upon an approved proposal. Each institution would be expected to fulfill all promises stated, and to be especially effective in meeting those concerning program management. Those institutions joining the consortium would be obligated to maintain membership throughout the life of the contract period. Should a funded-institution wish to withdraw, it would have to be certain to meet contractual obligations and give advance and proper notification to the consortium. Should funding not be provided, the consortium members would consider all other mutually beneficial recourses prior to disbanding the project. The charter members would establish a set of criteria to govern the admission of new members to the consortium.

8. PURPOSE AND OPERATION OF THE CONSORTIUM

The consortium would not be designed as an accrediting agency but rather as a group of institutions who agreed to offer the consortially developed external (flexible) program in ways unique to them and to award an associate's degree focusing on Human Services with emphasis upon Drug Abuse to students acquiring competence through successful completion of the program. Basic objectives for the consortial endeavor were contained in the proposal Miami-Dade submitted to NIDA during January, 1976. The same proposal was supplied to the membership. Consortium members expected to derive many benefits from the collaboration over the intended five-year duration of the national project especially in relation to curriculum materials to be developed and the realization of some revenue from their marketing. The members requested receipt, as soon as possible for informational and discussion purposes, of the entire second proposal submitted to NIDA on behalf of the consortium. An organizational design for the consortium, included in the proposal and presented to the members, was being reviewed and awaited approval. Members with contributions to the design were requested to forward them to the project director. As the consortium became formally organized it would be necessary for the membership to develop policies, procedures, by-laws, and other guides essential to effective and efficient governance.

9. PROGRAMATICS

The consortium institutions needed to offer transferable associate degrees and not programs leading to the awarding of certificates. Programs were not expected to be identical for all institutions. But, consortium institutions were obligated to offer programs that were flexible (external) as possible in order to meet unique needs of the potential clientele. The extent to which a program provided a flexible (external) teaching-learning mode would have to be determined by each institution. Each participating institution was encouraged to have a person, preferably full-time, functioning as a Program Manager. In this way, the consortium was assured of having a sole responsible contact person available at each location. This did not limit assigning other supportive personnel to project staffs. Although duties and responsibilities for the Program Manager were suggested to the consortium members, final determinations rested essentially with administrators at respective institutions. Since external (flexible) degree programs were relatively new to some consortium institutions, it would be necessary to enroll students in an approved program which closely paralleled the Human Services/Drug Abuse (HS/DA) program until the new program received required local or state academic approval or review by a regional accrediting agency. Upon receiving approval, the students could be formally enrolled in HS/DA programs without loss of credits earned.

10. MATERIALS

Each consortium institution was obligated to participate cooperatively in the development of program-related instructional materials. The materials were to be available to the original membership preferably at no cost. Since the institution agreed to meet the program objectives, and it might have been possible for some to do so without utilizing consortially developed curricular materials, it was considered unfair to require participants, (especially charter members) as a condition of membership, to use consortially prepared instructional materials. Costs for consultants used in the development of materials would be taken from project funds granted to the consortium or individual members, or borne by CHS and CDC, or made available gratis from the various national, regional, state and local affiliates of the NIDA system. In the case of program related materials produced and marked for distribution due to marketability, the lead institution involved would share in the revenue generated. The consortium was expected to identify early in the project major publishing houses with which to collaborate on the preparation and marketing of project-related software. The costs of purchasing existing program-related and mutually beneficial materials would be drawn principally from the funds granted to the institution coordinating the national project. The costs of purchasing existing program-related materials unique to a single institution would be drawn from the project funds awarded to that institution. An arrangement for purchasing existing materials for a number of institutions falling within the previously stated extremes would be developed at a future meeting of the consortium.

The Denver meeting requested by the membership was considered most successful. It tended to bring the charter members of the potential consortium closer together. Although the discussion agenda was considered ambitious for a one-day meeting, none of the questions went unattended. Many areas related to formally structuring the consortium await discussion and decision, The potential charter members of this unique national consortial effort were aware of future tasks and were enthusiastic about seeing the project move ahead.

G. MEMBERSHIP

At the beginning of the second year (August, 1976) of the project the consortium had eight (8) potential charter members and two (2) adjunct members.

CHARTER

1. Cuyahoga Community College-Clevaland, Ohio
2. Community College of Denver-Denver, Colorado
3. El Paso Community College-El Paso, Texas
4. Essex County College-Newark, New Jersey
5. Mercer County Community College-Trenton, New Jersey
6. Miami-Dade Community College-Miami, Florida
7. Peralta Community College System-Oakland, California
8. St. Louis County Junior College District-St. Louis, Missouri

ADJUNCT

1. Santa Fe Community College-Gainesville, Florida
2. Whatcom Community College-Bellingham, Washington

The potential membership of the consortium has undergone some changes since August, 1976, for a number of reasons. A major reason centered around the availability of funding for the national project. Congress had reduced the appropriation to NIDA for the federal fiscal year 1976-1977. This led some members to believe that NIDA would have to maintain financial support of existing high-priority programs resulting in a reduction of allocations available for new endeavors. They also felt that a possible trend was being established that would further reduce the probability of financial support to the consortium in the following years. In reality, the appropriation to NIDA was increased and the funding potential for the national demonstrations project improved decidely. One college elected to pursue funding from NIDA independently of the consortium. One college decided that additional funds from NIDA to support its existing program were unnecessary. One college requesting funds from NIDA as part of the consortial effort, was advised by NIDA to seek funding independently of the consortium. One college that withdrew from the consortium asked to rejoin. There are a few upper division institutions with advanced degrees in Human Services that may decide to request membership in the consortium. The national consortium was expected to have no less than four and no more than six members. The formation of a consortium is a dynamic endeavor replete with many legitimate factors that influence the derivation of a committed membership.

H. INTERIM FUNDING

During the beginning of the second year of the project (August, 1976) NIDA approved the release of a small grant to Miami-Dade Community College (M-DCC) to keep the coordinating staff for the consortium in place. The preliminary cutback in operational funds to NIDA caused the consortium to decelerate its collective efforts from those considered previously. The position of the consortium was akin to being placed in a financial holding pattern. The small grant-award did provide for the continued assignment by M-DCC administration of key staff to the project. Although the small grant did not contain funds for more than limited personnel salaries, the staff was able to maintain contact with the potential consortium members, funnel the latest information from NIDA to the institutions, and generate continued interest in the effort (Appendix A, p. 8). It was obvious that this condition would have been measurably improved upon the receipt from NIDA, of additional operational funds to cover the cost of a major consortium-related activity and a plan for actively involving the members in a coordinated but individually pursued fund-seeking enterprise. Both of these necessities soon became realities.

I. DISCUSSION PROPOSALS

Although NIDA had experienced a reduction in operational funds, their staff members were working to improve the financial condition. As a consequence, the agency was willing to receive proposals of a discussion-draft nature from potential consortium members as a preliminary step toward organizing the submission of a coordinated set of proposals for the temporarily postponed national demonstration project. A letter was sent to each potential consortium member explaining the situation (Appendix A, pp. 9-10). In addition, each letter was accompanied by a sample discussion-draft proposal composed by HS/DA staff at M-DCC to aid recipients in preparing versions that would be similar in purpose and design although authored independently (Appendix A, pp. 11-20). M-DCC also submitted a discussion-draft proposal based upon the circulated design-model which was expanded by HS/DA staff to provide for coordinating the activities of the consortium.

J. MATERIALS DEVELOPMENT PROPOSAL

It became rather apparent to the HS/DA staff that the small grant awarded by NIDA to M-DCC for the second year of the project would not: keep the staff in place for the entire year; allow for the pursuit of activities directed toward further evolution of the consortium; nor provide for development of basic instructional materials to support the consortium's cooperative curriculum design effort. Therefore, M-DCC considered imperative the submission of a proposal to NIDA that would allow the HS/DA staff to effectively engage in consortium maintenance and product development activities during the interim year August, 1976 through July, 1977. In reality, the supplemental award arrived late in the interim-year (April, 1977) forcing the materials development period to conclude during January, 1978 rather than the predicted completion date of June, 1977.

In general, the HS/DA project staff at M-DCC, the coordinating institution for the consortium, were able to make the following project/program contributions during the interim year: presented papers at the national convention of the American Association of Community and Junior Colleges and the National Drug Abuse Conference-1977; had the paper and the First Year Report to NIDA accepted by ERIC; completed draft manuscripts of the instructional materials (textbook, modules and video cassettes); identified publishers interested in publishing the instructional materials; had the instructional materials reviewed by experts; conducted a national study of Human Services programs for consortium expansion purposes; coordinated the writing and submission of consortium member proposals; placed the HS/DA program at Miami-Dade; began student recruitment and program publicity efforts; articulated with Biscayne College, Florida Memorial College and other colleges in the vicinity; were planning to offer HS/DA courses Spring term (May, 1978); were intending to utilize and evaluate newly developed instructional materials during the Spring term; were planning to design and preliminarily develop modular study guides for the multi-component Human Services course and multi-component Drug Abuse track/course during the Spring term; were arranging to use persons from local facilities as adjunct faculty; would obtain approval from the College Committee on Academic Affairs for the HS/DA program; and obtained a letter of support from the Single State Agency.

Salient features of the interim-year consortium maintenance and product development proposal are appended to this report (Appendix A, pp. 21-26). Each feature is discussed in detail within an appropriate section of the report.

K. PROJECT REVIEW MEETING

During November, 1976, two HS/DA staff members, James O'Connor/ Project Director and Joseph L. Olson/Academic Coordinator and M-DCC administrator Dr. George Mehallis/College Dean for Occupational Education, met with Dr. Lonnie E. Mitchell/NIDA, Chief of Manpower and Training Branch to discuss various aspects of the project. In general, the following resulted:

1. Meetings will be convened for the purpose of obtaining initial input from practitioners regarding among other aspects, the program design and materials development efforts of the project to guarantee an appropriate on-going liason of institutions and facilities in order to continuously determine competencies required of facilities workers in the program;

2. A series of meetings is needed with experts on credentialing for the purpose of guaranteeing that students in the program will receive instruction which meets any planned and anticipated credentialing requirements for Human Services workers;

3. All colleges in the consortium should regard the A.A. degree program as the first rung in an academic degree/ career ladder system;

4. An indication of the appropriate amount of field experience for students in the program can be obtained from sources such as the Southern Education Regional Board (SERB) study of Human Services programs among two-year institutions in the south-eastern states;

5. Although NIDA had received a smaller appropriation from Congress than anticipated, the agency still considered the national demonstration project a strategy of focused concern and considered funding in the near future a strong possibility;

6. NIDA had received discussion-draft proposals from consortium members during October, 1976 and was planning to issue formal proposal kits;

7. The consortium maintenance and product development proposal submitted by M-DCC was viewed by NIDA staff as a viable alternative for the interim year;

8. And a project-related presentation that HS/DA staff were planning to make during May, 1977 at the National Drug Abuse Conference was discussed.

The preceding eight statements represent major topics discussed at the meeting that were of primary concern to the effort at that time. Additional details about each of the topics can be found in appropriate sections of this report.

L. PROJECT STATUS MEETING

Two HS/DA staff members, Project Director and Academic Coordinator, met during March, 1977, with Dr. Lonnie E. Mitchell and representatives from the National Drug Abuse Center (NDAC), Center for Human Services (CHS), and the Career Development Center (CDC) to review the status of the consortium maintenance and product development effort, and to discuss the role of the consortium in meeting the needs of the National Training System (NTS) including the: number and type of instructions to be involved; nature and scope of the proposed consortial activities on a school-by-school basis; number, type and location of the proposed students to be served; specific elements of the Miami-Dade Community College curriculum development and coordinating role; and nature of the proposed linkage with NTS.

The HS/DA staff reported on the project and program activities in which they had been able to engage while awaiting the arrival of operational funds. In general, the staff had: coordinated the preparation, submission and follow-up of consortium-member draft-discussion-proposals (Appendix A, p. 26); created a design for a Human Services textbook with the help of consortium members, practitioners and other professionals; begun the identification of chapter authors; created a design for the Drug Abuse modules with the help of a consortium member, practitioners, and other professionals; identified the compiler/editor for the modules; scripted the first of two pilot television programs; been accepted as presenters at the national Drug Abuse Conference and the national AACJC convention for 1977; selected the Program Manager; and arranged for the HS/DA program to be offered at Miami-Dade.

The consortium-member draft-discussion-proposals and the M-DCC coordination proposal that had been submitted October 1, 1976, lacked unity. Therefore, it was decided that a set of general obligations and a list of unique contributions needed to be drafted for the members to use as guidelines for rewriting proposals for resubmission. The guidelines were composed and circulated among the membership (Appendix A, pp. 27-29). The following institutions were considered prime contenders for membership in the consortium; Miami-Dade Community College, Community College of Denver, Whatcom Community College, Essex County Community College, Cuyahoga Community College and El Paso Community College. A follow-up meeting was planned in conjunction with the national convention of the AACJC. At that April, 1977, meeting in Denver, Colorado, the institutions would ratify the guidelines and set a proposal-writing schedule. The new submission deadline would be June 1, 1977.

M. DENVER MEETING II

Members of the potential Human Services/Drug Abuse consortium held a meeting in Denver, Colorado, on Monday, April 18, 1977, at the Denver Convention Complex in conjunction with the American Association of Junior and Community Colleges (AACJC) national convention. The meeting agenda (Appendix A. p. 30) called for the participants, composed primarily of administrative representatives from the potential consortium colleges, to review and ratify the previously mentioned sets of general obligations and unique contributions of membership. All persons attendant accepted the conditions of consortial cooperation. NIDA agreed to send each member an official proposal writing kit as soon following the meeting as possible. The members promised to meet the June 1, 1977, proposal-submission-deadline established by NIDA. In general, each proposing institution decided to request $50,000 annually for three years for support of institutional implementation of HS/DA programs (Appendix A, pp. 31-32). All proposals submitted on June 1, 1977, would be subject to the regular NIDA review process. The earliest possible notification of approval would be January, 1978.

N. CURRENT STATUS

The following consortium members submitted proposals to NIDA on June 1, 1977: Miami-Dade Community College, Essex County Community College, and El Paso Community College. Whatcom Community College and Cuyahoga Community College elected not to submit proposals. The Community College of Denver, which had submitted a proposal to NIDA much earlier, was waiting for responses from review groups. The three submitting institutions had their proposals subjected to critical reviews by the Initial Review Group (IRG) during October, 1977, and the National Advisory Council (NAC) during January, 1978. The Miami-Dade proposal was approved (Appendix A. p. 33). The proposal from Essex County Community College was deferred and El Paso's proposal was disapproved. These results along with: the failure of some members to propose; a request from Peralta College for Non-Traditional Studies to rejoin the consortium (Appendix A. p. 34); and a request from Northland Pioneer College to join the consortium, caused the national HS/DA staff to organize and coordinate a renewed proposal-writing effort for remaining interested consortium members in order to meet a new submission deadline to NIDA of June 1, 1978, (Appendix A, pp. 35-36).

Although El Paso Community College and Northland Pioneer College were unable to meet the June 1, 1978 deadline, they have regrouped their proposal-writing teams in order to meet NIDA's October 1, 1978 submission date. Entering at this alternate submission date will place the two potential charter consortium members in the extended period of the review cycle resulting in decisions being announced during 1979. Hopefully, the proposals will be approved and funded by the Summer of 1979 so that the "National Human Services/Drug Abuse Consortium" can begin demonstrating programs by the Fall, 1979. At this time, the four charter consortium members are anticipated to be; Miami-Dade Community College (coordinating institution), Essex County Community College, El Paso Community College and Northland Pioneer College.

SECTION II

PROGRAM DESIGN AND DEVELOPMENT

A COMPREHENSIVE REPORT
TO THE
NATIONAL INSTITUTE ON DRUG ABUSE
SECTION II: PROGRAM DESIGN AND DEVELOPMENT

CONCERNING THE
NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT

COORDINATED BY
MIAMI-DADE COMMUNITY COLLEGE

FOR THE PERIOD
AUGUST, 1975 THROUGH JULY, 1978

INTRODUCTION

The prime curricular responsibilities of the consortium were to cooperatively design broadly transferable, associate degree programs in Human Services for Drug Abuse workers and to begin the development of original instructional materials for utilization in the programs. Complete details of the Human Services/Drug Abuse (HS/DA) program design and development efforts for the period August 1, 1975 through July 31, 1976 are available at minimal cost in microfiche or hard copy under order number ED 143 403 from:

ERIC Document Reproduction Service
Computer Microfilm International Corporation
P. O. Box 190
Arlington, Virginia 22210

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Cuyahoga Community College
Mr. Donald L. Hoyt
Coordinator Mental Health/Human Services

Community College of Denver
Dr. Martin Van Dyke
Dean, General Studies, North Campus

El Paso Community College
Mr. Romeo Di Benedetto
Sociology Instructor

Essex County College
Dr. Robert Adubato
Assistant Dean of Instruction

Mercer County Community College
Mr. Robert D. Bolge
Assistant Professor of Sociology

Miami-Dade Community College
Mr. Joseph L. Olson
HS/DA Academic Coordinator

Peralta Community College System
Dr. Michael O'Carroll
Health Consultant
Currently with the California State Department of Health

St. Louis County Junior College District
Ms. Kathryn Elizabeth Nelson
Chairperson, Department of Human Services

Santa Fe Community College
Ms. Maria Duncan
Director, Drug Abuse Training Program

Whatcom Community College
Dr. Marvin Vasher
Dean of Instruction/Executive Office
Currently President of Northland Pioneer College

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II. PROGRAM DESIGN AND DEVELOPMENT

A. HUMAN SERVICES: A CONSORTIUM DEFINITION

The prime responsibility of the Consortium was to develop broadly transferable associate's programs in the Human Services area for drug abuse workers. Since the charge involved only one area under the broad umbrella of Human Services, and since the effort was the first multi-institutional approach to any Human Services program, it behooved the membership to reach a satisfactory, workable definition of the core concept, "Human Services." Only after the group had secured concensus on the definition of this fundamental concept could they turn their attention to the generic content of such a program, and begin to construct a program worthy of pre-professional, para-professional and professional status.

The concept of Human Services can be sufficiently inclusive to cover all activities relative to the improvement of the human condition. It therefore, could (and in some institutions does) include such traditional programs as social work, education, community and mental health, and might also conceivably include nursing, the allied health fields, and even law enforcement.

For their purposes, the consortium members proposed to narrow the definition to include only those activities that are just beginning to appear on the academic horizon and are not accorded the kind of para-professional and professional respectability that attaches itself to fields with longer historical roots. These activities are client centered and directly concerned with the improvement of the client's social, economic, psychological, emotional, and to a lesser extent, his physical well-being. Specific categories of Human Service workers would include personnel in day care centers, geriatric services, community action agencies, crisis intervention services, and to the problems of drug and alcohol abuse.

B. DEVELOPMENT OF THE HUMAN SERVICES CONCEPT

Many of the new career fields were products of the turbulence that became manifest in the past decade, and related to the needs of a society in the process of reconstruction. They spoke to democracy's unfulfilled promises, to alienation and anomie, and to the myriad problems born of the urban industrial society. They were premised on the idea that old approaches to new problems would simply compound the issues and delay or avoid solution. They were committed to practicality, and thus regarded traditional academics with suspicion and distrust.

In many instances, these new Human Services endeavors first appeared as a response to problems either ignored or inadequately defined by the broader society. The early leadership in these activities came from those whose lives had been adversely affected by the problem itself. These leaders possessed no formal credentials for their new careers, save those secured from life itself. They were, however, successful. And their success resulted in new social definitions, and more enlightened approaches to the problem

A prime example of these new Human Service endeavors is in the area of chemical substance abuse treatment, rehabilitation, and preventive education. Only a few years ago, the "drug abuser" whose addiction or habituation was obvious was a "dope fiend," and subject to severe social reprisal. The less obvious abuser--the user of sleeping potions and tranquilizers--was not conceived of as a component of the problem. Alcohol, branded by the National Institute of Drug Abuse as our most abused drug, was likewise not thought of as part of the drug problem. There were, however individuals who had different degrees of a drinking problem, and we had developed a rather specialized vocabulary to describe different categories of imbibers. The ner'-do-well was a drunkard while the more socially acceptable over-imbiber had a drinking problem.

The public accepted assumption on drug/alcohol consumption was that it was the consequence of a weakened moral fiber, and the prescription for redemption was the ascension to a higher moral plane. Billy Sunday's evolution from drunkard to evangelist, and Barney Ross' odyssey from boxing champion - to dope fiend - to a rehabilitated member of society as told in "God Was In My Corner" speak to this assumption. And this assumption was at the base of the first successful lay-approach to substance abuse.

"Alcoholics Anonymous" was founded in 1935 by two alcoholics, Mr. William Wilson, a businessman, and Dr. Robert Smith in Akron, Ohio. The literature of the organization gives abundant recognition of the need to accept "a power greater than myself," but it is far more than a "find God and get cured" organization. Its remarkable and much publicized success (22,000 groups in 92 countries) rests equally on the assumption that only those who have successfully waged the battle with the bottle can really afford aid and comfort to the currently beseiged. In 1958, Charles Dederich, an alcoholic rehabilitated through A.A. participation, founded "Synanon" the first therapeutic community devoted to heroine addicts.

The idea of moral degeneracy is retained at Synanon, but is decreed in social rather than religious terms. New entries in the program must admit that they are "dope fiends," and the ultimate in depravity. Roles are assigned to the initiate within the community based upon this status; cleaning toilets, and scrubbing floors, and other menial tasks. Only when the novice is capable of recognizing the depths to which he has sunk can he reach a true appraisal of self. And only through this recognition can personality reconstruction begin.

The process of personality definition occurs as a result of community coercion and simultaneous and sympathetic acceptance. The initiate must reveal his innermost fears, apprehensions, and inadequacies to the scrutiny both of himself and the group; and as the crutches of self-deception falter, the group offers itself as more substantive support. The group understands: all have trod the same path.

In the 1960's, when heroine moved from the slums to the suburbs, the country witnessed a virtual explosion of drug treatment centers; utilizing the volunteer ex-addict as the prime agent in rehabilitative efforts. While the starting point for these activities were the AA and Synanon, new methodologies were also developed. As the problem of middle class drug abuse proliferated, so did the communities support for the new treatment facilities. In many instances, the volunteer became a paid employee, and finally had his activities subjected to the scrutiny of the more traditional professional.

As the professional entered the drug abuse picture, he found that success in treatment depended to a large extent on his learning the techniques employed by the ex-addict practitioner. Thus, the creators of successful treatment techniques found themselves in the peculiar position of being simultaneously tutors and subordinates of the older professionals. Finally, as these treatment centers received insurance compensation for their services, questions were inevitably raised regarding the credentials of treatment personnel. There was a concurrent movement within the states to regulate the activities of these centers through a licensing mechanism. Credentialing and licensing are obviously designed to assure competence and quality, but they are also a threat to the creative genius that gave these centers life.

The solution to these twin threats can be met only through academia, through their degree granting authority. Degrees purportedly represent the attainment of various levels of expertise in both generic and specific terms.

C. BACKGROUND OF THE PRESENT PROGRAM

The collective endeavor is an attempt to approximate on a national basis the National Institute of Drug Programs (NIDP) effort at Marjorie Webster Junior College, Washington, D.C. This program launched in 1971, was to prepare substance abuse workers for advancement, not only in the substance abuse industry, but also in the broader area of Human Services. Altogether, the Marjorie Webster program graduated more than 200 AA degree students in this first of a kind educational program.

> "Much time and human energy had to be spent in the first year of the NIDP program's operation to identify exactly what it was that ex-addicts, already employed by local drug treatment programs, needed to learn to move out of their counseling jobs into administrative positions or

into other areas of the human services. This information was needed to build a program that could be formally accredited in order to have value in the economic marketplace.

During the second year of the Institute's operation, it became evident to those responsible for preparing the curriculum that the educational program being developed could have application to experienced paraprofessionals in other human service fields. Students would not have to be former drug abusers to benefit from participation in the program.

The NIDP program that has evolved over the past four years has enabled the drug abuse field to make a positive contribution to the emergency of an educational model that can be adapted for use by any educational institution to train much-needed workers for other human services fields. But this has been a happy, unexpected result.

In the beginning, the most that was hoped for by the Office of Economic Opportunity (OEO), when it asked that such a program be designed and delivered by NIDP, was that people who had overcome their addictions and were making positive contributions to drug treatment programs would get an opportunity to learn new techniques that could be used in their work.

OEO further hoped that some of them might gain sufficient expertise in the management and administration of drug treatment programs to be able to advance their own careers by moving into other areas of work. This type of career development was a high-priority aim of OEO and the War on Poverty.

This goal has been accomplished by the National Institute of Drug Programs and its current sponsor, the National Institute on Drug Abuse. The curriculum and learning activities currently being presented by NIDP have proven more than adequate to prepare personnel in drug abuse treatment programs to advance on their jobs or to move into other areas of work. Ex-addicts who hold the A.A. in Health and Mental Health Services from NIDP are well prepared to assume positions of leadership in the drug abuse treatment "industry," to continue their education at the bachelor's-degree level, and to provide drug treatment programs with the advanced leadership they need.

But the NIDP program has achieved much more than that. Over its four years of development, the A.A. program has acquired transferability, as it stands, for use in any college or university for educating workers in any

> human service field. It is especially applicable for educating workers who have been able to contribute effectively to the provision of human services but who lacked the traditional credentials required for advancement to positions of leadership in human services, or housing.
>
> The NIDP program is geared primarily to the educational needs of older, experienced workers. Indeed, it is probably inapplicable for students just out of high school, since these young people have not had the experience required to enable them to benefit from even the initial courses offered by NIDP."[1]

For those interested in pursuing this subject further, the Center for Human Services report was disseminated to each institution. As new institutions join, they will be provided with the entire four volumes reflecting the Marjorie Webster endeavor.

D. PRIMARY CURRICULAR OBLIGATIONS

The primary curricular obligations assumed by Miami-Dade Community College (M-DCC) as the coordinating institution for the national Human Services/Drug Abuse (HS/DA) consortium were:

1. to develop model Associate Degree programs in Human Services designed to serve substance abuse workers;
2. to provide access to the programs through a national consortium of community colleges in selected cities throughout the country offering the programs and;
3. to develop the curriculum and instructional methodology for "first courses" in Human Services and Drug Abuse for persons going into the Human Services field. To accomplish these objectives the HS/DA consortium;
    a. designed a model curriculum Development Guide for deriving two-year Associate Degree Programs in Human Services to be used by a national consortium of community colleges that will participate in offering the Associate Degree Program in Human Services/Drug Abuse.
    b. convened national conferences for selected community college personnel to (1) acquaint them with the demand for drug abuse curriculum, and (2) organize and develop a consortium of community colleges in selected cities in the United States for the purpose of offering Associate Degrees in Human Services.

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[1] A Report on The National Institute for Drug Programs and The First Year Curriculum, Vol. I, pp 1-3, Unpublished, Center for Human Services, Chevy Chase, Md., 1975.

c. and develop specific curricula for "first courses" in Human Services and Drug Abuse.

Programs consist of consortially developed goals and objectives. The application of objectives to specific courses is at the discretion of participating colleges. The national HS/DA project staff operated under the assumption that merely proffering "a program" to institutions would be woefully inadequate. The intent, therefore, was to supply cooperating institutions with a common informational base and to collectively devise programs acceptable to the National Institute on Drug Abuse (NIDA), its National Training System (NTS) and the membership of the consortium. Attainment of these objectives were to a large extent attributable to the commitment of the Center for Human Services (CHS) and the Career Development Center (CDC). These members of NIDA's NTS provided access to previous endeavors in this area by sharing abundant and valuable print materials and arranging for HS/DA project staff to visit with former instructional personnel from the National Institute for Drug Programs (NIDP), conducted at Marjorie Webster Junior College, Washington, D.C. The model goals and objectives are subject to modification after NIDA provides access to local, state and regional professionals in the drug abuse field and opportunities for community college personnel to meet with personnel from senior and masters granting institutions to establish definite areas of responsibility for each level in a national HS/DA career ladder. The current HS/DA program goals and objectives are the result of two meetings of curriculum developers from the eight consortium colleges and the two adjunct institutions. The first of these meetings was held in Miami, Florida, on April 30 and May 1, 1976, and the second in Vail, Colorado, June 6, 7, and 8, 1976.

E. INFORMATION GATHERING

As a means of determining Human Services/Drug Abuse facility needs that could be met through two-year transferable associate degree programs, the HS/DA staff surveyed major treatment and rehabilitation centers in Miami. Consortium institutions must perform similar exercises in their servicing areas. NIDA will aid in obtaining the full cooperation of appropriate personnel and agencies in the servicing areas of consortium members upon initiation of the national demonstration project. M-DCC's HS/DA staff visited the following persons and facilities:

Dr. Wesley C. Westman, Director
Veterans Administration Hospital
Multi-Substance Abuse Center
Miami, Florida

Dr. Steve Saffron, Director
Here's Help (A multi-service agency)
Miami, Florida

Ms. Virginia Slote
Area Drug Education Director
Florida Division of Health and
Rehabilitative Services
Miami, Florida

Mr. Carl Schneider, Education Director
Eagleville Hospital and Rehabilitation Center
Eagleville, Pennsylvania

Mr. Joseph Ershun, Curriculum Specialist
Eagleville Hospital and Rehabilitation Center
Eagleville, Pennsylvania

In addition to the above, HS/DA staff corresponded with the Education Liaison/Consultant and Training Director, Division of Mental Health, State of Florida. It was largely from these contacts and the needs conveyed therefrom that the first draft of a Human Services/Drug Abuse Program and goals were devised in terms of M-DCC course offerings (Appendix B, pp. 1-3).

Of significant input in formulating the first comprehensive draft of programatic goals and objectives were the materials provided to the consortium by the Nation Drug Abuse Center (Appendix B, p. 4), and the four volumes of goals, objectives, strategies, and content reflecting NIDP's pioneering effort in community college Human Services/Substance Abuse education at Marjorie Webster Junior College. Upon receipt of the four volume Marjorie Webster program, multiple copies were made for distribution to institutions who agreed to join this venture. Copies of this work were also distributed to prospective consortium members at Consortium Design Meeting I held in Washington, D.C. Four academicians from different sections of the M-DCC instructional community were also provided with copies. After the local developers had extracted 296 goals and objectives (Appendix B, pp. 5-6), they met on two successive Saturdays to determine how well the Marjorie Webster objectives were applicable to Miami-Dade transferable course offerings (Appendix B, p. 7). Originally, the developers had paid little heed to the problems posed by management of the program. The complacency over this aspect of the program was shattered after meeting with those dedicated teachers of the Marjorie Webster experience whose efforts assured the success of that program. Their concern that our program approximate the kind of commitment and support accorded their students dictated the creation of the role of Program Manager (Appendix B, p. 8).

F. FORMATION OF PRELIMINARY HYPOTHESES

1. MAINTAINING A HIGH LEVEL OF STUDENT-INSTRUCTOR RAPPORT

In November, 1975, HS/DA staff visited the Center for Human Services and discussed the Miami-Dade project with the directors of CHS and CDC and selected former members of NIDP. It became quite evident to the M-DCC group that those who were part of the NIDP team viewed with extreme trepidation any attempt to externalize instructional efforts in this area. Their greatest fear was that such an effort would inevitably lead to an alienation of the unique clientele from the very program that purported to serve their interests. Success in the program, they repeatedly reiterated, required a corps of committed instructors who could and would offer the strong emotional support that recently rehabilitated substance abusers required and expected. They did not feel that a traditional small class program could fulfill this need, and an external program would, in their judgment, be near catastrophic.

Credence to this position had already been given by one of the Miami-Dade team who had visited Eagleville Hospital and Rehabilitation Center, Eagleville, Pennsylvania. Several sub-professionals at this facility were concurrently students in the Montgomery County Community College substance abuse program, and were interviewed by the team member. Their strongest praise was for those elements of the program that were conducted on facility property, and taught by facility personnel. These personnel understood their problems and directed their learning activities to "real situations." On campus courses were impersonal and removed from reality.

If the program were to be successful, it was imperative that a means be devised through which the supportive role played by the Marjorie Webster instructors could be approximated, and at the same time involve a commitment to flexible instruction. The answer to this dilemma was in the creation of the role of Program Manager. A detailed description of the role of Program Manager is included in Appendix B, pp. 9-12. It is hoped that Consortium Members will take appropriate steps to acquire an individual for this role who is familiar with the community, knowledgable in the Human Services, and generous and compassionate enough to provide the kind of emotional support that drug abuse workers need and deserve. Unfortunately, each member institution is autonomous and Miami-Dade lacks the inclination and the authority to impose this management model on the total body. We have, and will continue to, forcefully lobby for consortium-wide adoption of the Program Manager concept.

2. DEVELOPING SUPPLEMENTAL CARRIERS FOR EXISTING COURSES

Early in the endeavor, it was concluded that the most feasible means of accommodating Human Services and Substance Abuse content would be through developing supplemental modules that could be incorporated into existing courses. New courses at each institution would be created in those areas where content could not readily be adapted to existing courses without serious jeopardy to their academic integrity. Preliminary analyses of Human Services generic objectives by consortium members indicated that there is little demand for new course offerings in participating institutions. This condition is subject to alteration when drug abuse objectives are further analyzed and amended by member institutions. Additional amendment may be necessitated when the National Institute on Drug Abuse provides entry into local, state, and regional personnel and agencies, and parameters for all levels in the educational hierachy are established.

From the present vantage point two courses can be visualized. The consortium chose to develop a course centering around the development of the Human Services idea, the philosophic orientations in the industry, and the legal and ethical considerations of Human Service workers. The consortium also chose to develop a specialized course dealing with the myriad aspects of the substance abuse problems. The two courses will be developed from October, 1978 through September 1979.

Since the best estimates are that each institution would host from 25 to 50 students, at different rungs on the educational ladder, wide use of broadcast television and radio for supplemental content is deemed economically nonfeasible. This means, however, could be employed when the academic needs of the Human Services/Drug Abuse worker parallel those of the broader academic community. The means of meeting this need, presented to consortium members and accepted in principle, was to employ a modified version of the "Life Lab" principle, currently used on the Downtown Campus (New World Center Campus) of Miami-Dade Community College, and effectively meeting the educational needs of approximately 20% of that student body. The principle is quite simple, and can easily be applied flexibly. It requires objectification of all elements in the course content, and provides a wide variety of activities through which these objectives can be realized (Appendix B, pp. 13-16).

3. ENVISIONING A COURSE STRUCTURE FOR HUMAN SERVICES/DRUG ABUSE PROGRAM AT MIAMI-DADE

The first attempt at envisioning a Human Services/Drug Abuse program was based on somewhat limited input. The staff had not, at that time, received the massive documentation of the Marjorie Webster program although the staff did discuss the endeavor with personnel who had been intimately associated with the program. CDC had provided a description of prospective clientele and thus heightened the staff's awareness of their needs (Appendix B, pp. 17-19). Our limited visitations to local substance abuse facilities resulted in specific suggestions for specific courses. Dr. Joseph Ershun, the architect of the Montgomery County Community College Human Services/Drug Abuse Program, offered additional suggestions.

As a result of the preceding, the staff was able to construct preliminary program goals. The program envisioned and the goals from which they developed appear in Appendix B, pp. 1-3. The most recent effort, embracing larger informational input and academic approval, is found in Section V: PROGRAM IMPLEMENTATION of this report.

G. CURRICULUM DESIGN MEETINGS AND ACTIVITIES

1. THE MIAMI CONFERENCE

Curriculum Design Meeting I was attended by representatives of the eight participating schools, and the two adjunct colleges. The meeting was held in Miami on April 30 and May 1, 1976. The major concern at the meeting was to impress upon the attendees the need for a Human Services/ Drug Abuse program and to acquaint them with the preliminary plans that the project staff had made for developing a consortial effort, to discuss goals and objectives of the program, to explore delivery systems and the problems of management. The major focus of the program centered around the problem of devising goals and objectives. There was a need for a theoretical model that could be employed for this purpose. The model was provided to the membership by Dr. H. Stephen Glenn, Consultant to the Center for Human Services. The model and a partial transcript of Dr. Glenn's remarks explaining the components can be found in Appendix B, pp. 20-25. From the model the group was able to develop tentative goals in two categories; structural and knowledge. At the next curriculum conference a series of "skills" goals was developed.

2. INTERIM CURRICULUM ACTIVITIES

During the interval between the Miami and the Vail Conferences a number of activities were undertaken by the project staff and the participating institutions. As agreed in Miami, each institution was to survey its instructional resources to determine its capability in meeting Miami goals; and, further, to develop specific objectives re: Miami Goals. to facilitate these ends, the project staff provided each institution with a schematic of the Glenn Model and a complete verbatim transcript of Dr. Glenn's remarks before the Miami assemblage. The staffs aim in dispatching these documents was because the Miami Goals were derivatives of the Glenn Model and the staff wanted to assure that all participants had an opportunity not only to read but to study Dr. Glenn's remarks.

The staff at Miami-Dade Community College prepared a chart indicating the required courses demanded of each participating institution for the awarding of an associate's degree (See Appendix B, pp. 26-27). The analysis indicated that the only commonality was in the area of English. The staff also prepared a sample module, based upon our objectives translation, for dissemination at the Vail conference and dispatched all print matter (including texts) of courses developed by Miami-Dade for televised instruction. The purpose of this was to give participating institutions an opportunity to examine such materials and to consider their applicability as components of the common effort.

Prior to the convening of Curriculum Design Meeting II, an agenda was prepared by the project staff with input from participating institutions. Each participating institution was assigned specific areas of agenda responsibility. These agenda assignments were made on the basis of a survey conducted at the Miami meeting indicating areas of expertise or interest of the membership. Each participant was contacted via telephone to further delineate responsibilities. This effort bore abundant fruit at our Vail meeting (Appendix B, pp. 28-34).

3. THE VAIL CONFERENCE

Curriculum Design Meeting II was held in Vail, Colorado, June 6-8, 1976. Each consortium member was represented as well as the two adjunct colleges. The principal tasks of the conference were to examine, refine, and amend tentative knowledge and structure goals and to develop consortially acceptable skills goals and knowledge and skills objectives. The objectives reflect a tentative generic Human Services commitment as well as a drug abuse component. In addition to the goals and objectives tasks, the participants were surveyed regarding their abilities to deliver instruction via flexible means and the capacities of their institutions to award credit for prior learning (Appendix B, pp. 35-37). Time was provided for the participants to peruse the printed matter and to view video tapes and slide/tape presentations produced by NDAC. The equipment necessary for this activity was made available by the Community College of Denver. Miami-Dade Community College wishes to take this opportunity to thank the Community College of Denver for its very valuable contribution to the success of the Vail meeting. Not only did they provide the equipment necessary to fully utilize the NDAC materials, but they provided us with clerical support as well. A special word of thanks is bestowed on Dr. Martin VanDyke who arranged for the above, and also handled all reservations for participants.

H. A PROCESS FOR DERIVING PROGRAMS

The purpose of creating a process for deriving programs was to assist consortium colleges in the establishment of institutional guidelines and parameters for implementing open, non-traditional, transferable associates programs in Human Services for the substance abuse worker. The use of the word programs is deliberate. It recognizes the wide disparity of state and institutional requirements in the awarding of degrees and provides each institution with broad, creative opportunities to the achievement of common goals. The autonomous nature of the approach permits a maximum of experimentation and opportunities for local institutions. The recognition of institutional autonomy did not however, blind the participants to common needs. Through their very membership in a national consortium, the institutions agreed to minimal obrogations of absolute sovereignty. Those abrogations were:

1. to offer transferable, associate degree programs for human service workers in the area of substance abuse, with full recognition of the requirements of securing institutional and state approval for new programs;

2. to structure said Human Services/Drug Abuse Programs on goals and objectives that were consortially formulated and consortially adopted;

3. to participate in the development of common learning resources to fulfill common learning objectives;

4. and to designate one individual on each campus as curriculum developer and consortium contact person.

In brief, the consortium members utilized the following process for deriving programs. At Curriculum Design Meeting II in Vail, Colorado, during the Summer, 1976, the membership derived a working definition for Human Services which established program parameters for the curriculum designers (Appendix B, p. 38). In addition, the group completed the set of structural, knowledge and skills goals they considered essential to the formulation of generic Human Services multi-track programs (Appendix B, pp. 39-40).

At Curriculum Design Meeting II in Vail, Colorado during June, 1976, the consortium members were confronted with the task of translating program goals into course objectives. There emerged from the discussion a most clever approach of linking the knowledge and skills goals individually with the various roles normally performed by generalists in the Human Services (Appendix B, pp. 40-41). The subgrouped membership then took each duality (goal/role) and generated a number of principle objectives. Refined Samples of the generic Human Services objectives and the Drug Abuse track objectives that emerged are included with this report (Appendix B, pp. 42-43).

During the Summer of 1976, the curriculum representatives from the charter consortium colleges engaged independently at their institutions in the next activity in the design process. Using a specially created work form,the ad hoc multi-disciplinary faculty teams assigned the objectives to those courses listed in their college catalogues with which the objectives were variously associated (Appendix B, pp. 44-45). The next step involved the preparation of numerous individual course-sheets upon which were listed assigned objectives (Appendix B, p. 46). Upon perusing the array of "Course/Objectives Sheets", each faculty team was able to identify courses in respective institutional catalogues that were most appropriate for a generic Human Services program with a specialty track in Drug Abuse (Appendix B, pp. 47-51).

I. FUTURE REFINEMENTS

An HS/DA program that is derived from the process must not be considered fixed and inflexible. There are succeeding analyses to which a program must be subjected that will certainly result in mostly minor but necessary adjustments. At M-DCC, the program was critically reviewed by the College Committee on Academic Affairs (CCAA) which is a forty-member body composed of representatives from District Administration and the major instructional divisions of the four campuses. The program was fully acceptable to the membership.

Programs developed by each of the institutions participating in the national consortium will certainly be influenced by the results of credentialing studies being conducted federally and by various states. The emerging trend to license all workers in the health care industry regardless of professional status, is expected to alter programs on a modest basis. The reason program changes are expected to be minimal is due to the involvement of practitioners and other professionals in Human Services and Drug Abuse throughout the design, development, implementation, and evaluation phases of the curricular endeavor.

In the near future, the consortium plans to seek additional seed-money from project-related federal agencies for the purpose of refining the existing generic Human Services core concept to accommodate other major specialty areas such as alcohol, mental health, gerontology and child care. This last analytical procedure and development activity will produce examples of comprehensive programs with greater appeal to other two-year institutions. In essence, future refinements will lead to expansion of the programs and the national consortium.

J. MEETINGS WITH PRACTITIONERS

Throughout the design and development phases of the project, participating institutions were encouraged to interact with personnel in drug facilities in their respective locales. National HS/DA project staff at M-DCC not only communicated with practitioners in the Metropolitan Dade County, Division of Rehabilitative Services, but, also had the opportunity to meet with representatives of other major NIDA-funded rehabilitation and training centers from around the country.

Prior to the first official meeting with a major group of practitioners external to the Miami area, the project staff prepared a list of concerns regarding the acceptability to practitioners of the consortium's initial program design work (Appendix B, pp. 52-53). The intention was to influence the directions of the agenda for the meeting toward issues requiring practitioner reaction. The meeting was held at "THEE DOOR", in Orlando, Florida, and attended by representatives from NIDA, CHS, M-DCC, and NIDA-supported rehabilitation and training centers from Florida and other states (Appendix B, pp. 54-55). A major period of discussion focused on the philosophical stance taken by some practitioners regarding the value of linking educational institutions and facility-based training programs. Some practitioners approach such alliances with caution due mainly to a preference for conducting and certifying the training of workers with as little outside interference as possible. The major problem with an autonomous endeavor is the loss of the credentialing of workers available through degree-awarding college programs that can be cooperatively designed and operated by educational institutions and drug facilities. Since standardized procedures for credentialing workers are presently in various stages of development and application, the current merger of educator and practitioner interests may well prove to be one enduring solution. This position is shared by NIDA, the consortium members and the facilities associated with the project.

Representatives from the South West Training Institute, Inc., El Paso, Texas - a multi-state substance abuse training complex supported by NIDA - visited with the HS/DA project staff in Miami, Florida. The two groups exchanged background information, current endeavors and future plans. A need was seen for further interaction and collaboration (Appendix B, pp. 56-57). Shortly afterward, HS/DA staff were invited to El Paso to participate in meetings at the institute and El Paso Community College (Appendix B, pp. 58-59). The meeting at the institute resulted in further clarification of institute and consortium purposes and an intensive investigation of various means for mutually reinforcing shared goals (Appendix B, pp. 60-61). These results contributed to the success of the meeting at El Paso Community College(EPCC), on the following day, attended by HS/DA and institute staff and consortium representatives from the college. The purpose of the meeting was to establish a working relationship between the EPCC and the institute that could be described in the consortium-member-proposal EPCC was planning to submit to NIDA.

Alliances between member institutions and local drug abuse facilities supported by NIDA are essential to the success of the national HS/DA consortium. There are many benefits that can be obtained from a close working relationship: recruitment of students, aquisition of adjunct faculty, knowledge of recent credentialing efforts, purposeful refinement of HS/DA programs, meaningful articulation with upper division institutions, accommodating real student needs, creating flexible instructional delivery, contributing to verticle career mobility of students, reduction of job anxiety of working students, et cetera. The list could probably be continued ad infinitum. The examples provided should be sufficiently representative of the many benefits to be derived from institution/facility collaboration.

K. INSTRUCTIONAL MATERIALS DEVELOPMENT

During the second year of the project (1976-1977) M-DCC received a modest grant from NIDA to develop instructional materials that would be used in the HS/DA programs to be operated at consortium institutions. The prior cooperative curriculum design work of the potential consortium members had indicated a common need for two courses for the program, "Introduction to Human Services" (IHS) and "Chemical Substance Abuse in America" (CSAA). The national HS/DA project staff was given the responsibility of developing major components for the two courses in cooperation with consortium members. The first components to be developed for the IHS course were a textbook and a pilot program on video cassette. For the CSAA course the first components were four (4) independent study modules and a pilot program on video cassette. All materials underwent thorough quality control procedures and will be field-tested for instructional effectiveness upon implementation of the program at M-DCC. In the near future, the HS/DA project staff plans to develop with consortial cooperation and financial support from NIDA, other components for both courses.

1. THE HUMAN SERVICES TEXTBOOK

In order to fully manage the creation of the textbook, the HS/DA staff deemed necessary the establishment of a set of criteria to guide the design and development of the central component for the envisioned IHS multi-component course/package (Appendix B, pp. 62-64). The criteria were concerned with: book-related tasks of the HS/DA staff, format of the book and selection of chapter topics, authors and reviewers.

The content of the textbook represents a syntheses of generic Human Services objectives developed by the consortium members at the Vail Conference. The first draft of a purpose, objectives, and content outline was prepared by HS/DA staff and widely circulated among numerous educators and practitioners (Appendix B, pp. 65-74). This first critical review resulted in reducing the organization of the suggested content for the textbook from nineteen (19) to seventeen (17) chapters (Appendix B. pp. 75-77).

Authors were selected and sent comprehensive information/example packages detailing all writing guidelines and tasks.

After the completed chapters had been received by the HS/DA project staff, a select group of experts was assembled in Miami to review the submissions (Appendix B, pp. 78-79). The HS/DA staff, principally Mr. Joseph L. Olson, Academic Coordinator for the project, engaged in an extensive editorial process resulting in a fifteen (15) chapter, multi-authored textbook with fully integrated content and completely stylized language throughout. The product is considered to be the first truly comprehensive consolidated and contemporary treatment of Human Services in America. Chapter organization, outlines and authors, and the complete draft of Chapter I are included with this report (Appendix B, pp. 80-107).

2. THE DRUG ABUSE MODULES

The HS/DA staff accepted the responsibility for coordinating the development of four (4) modules of instruction for the "Chemical Substance Abuse in America" (CSAA) series. The content of the series represents a syntheses of some drug abuse objectives generated by the consortium members at the Vail Conference. The modules were intended for use in directed independent study which is in keeping with the consortial agreement regarding delivery of instruction via non-traditional modes. Prior knowledge of the fact that some two-year institutions may not be able to offer a course in drug abuse led to the decision to prepare truly modular instructional materials. For this reason, the modules can be utilized in other subject-related courses in an HS/DA program without violating policies controlling verticle arrangements of courses approved for each instructional year.

The modules were created in a manner commensurate with that utilized for textbook design and development. Tentative titles, content and format for the modules were circulated among educators and practitioners for critical review and suggested modifications. The modules were then developed by the HS/DA staff with assistance from Mr. Romeo Di Benedetto of El Paso Community College, El Paso, Texas, a consortium institution. The committee of experts that reviewed the Human Services Textbook also reviewed the Drug Abuse Modules. Mr. Joseph L. Olson performed the roles of designer, coordinator and editor. The modules will be field-tested upon implementation of the HS/DA program at M-DCC. The titles and content for each module and Module Number One are included in this report (Appendix B, pp. 108-145).

3. PILOT PROGRAMS ON VIDEO CASSETTE

The HS/DA project staff pursued the design and production of two (2) pilot audio visual supplements supportive of a chapter in the generic Human Services textbook and one of the modules in the specialty Drug Abuse series. The television scripts were composed by the Academic Coordinator for the

HS/DA project, Mr. Joseph L. Olson, and reviewed by numerous educators and practitioners. Both pilot programs were previewed by NIDA staff and judged acceptable. The television script for the pilot program produced for the Drug Abuse series is included with this report (Appendix B, pp. 146-159). The pilot programs will be field-tested fpr instructional effectiveness during implementation of the HS/DA program M-DCC anticipated for the Fall, 1978.

L. FUTURE PLANS

The national HS/DA project staff have requested funds on behalf of the consortium from NIDA for the completion of the two multicomponent courses entitled (1) INTRODUCTION TO HUMAN SERVICES - for which the four components will be (a) the existing textbook, "An Introduction to Human Services",(b)fifteen programs on video cassette of which one pilot program exists, (c) fifteen programs on audio cassette, (d) and a Student's Study Guide, and (2) CHEMICAL SUBSTANCE ABUSE IN AMERICA - for which the four components will be (a) eight textual pieces presently called modules of which four exist, (b) eight programs on video cassette of which one pilot program exists, (c) eight programs on audio cassette, (d) and a Student's Study Guide.

The long-range curricular plans of the consortium are to cooperatively seek funding from project-related agencies, refine the generic Human Services concept, add high-priority specialty areas to programs, expand the funded-membership of the national consortium, and to make available to other interested institutions a process for deriving generic Human Services multi-area programs, original consortially-developed instructional materials, and full documentation of procedures for implementing and managing a program.

SECTION III

NATIONAL PRESENTATIONS

A COMPREHENSIVE REPORT
TO THE
NATIONAL INSTITUTE ON DRUG ABUSE
SECTION III: NATIONAL PRESENTATIONS

CONCERNING THE
NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT

COORDINATED BY
MIAMI-DADE COMMUNITY COLLEGE

FOR THE PERIOD
AUGUST, 1975 THROUGH JULY, 1978

INTRODUCTION

Throughout the life of the national Human Services/Drug Abuse (HS/DA) project supported by funds from the National Institute on Drug Abuse (NIDA), staff at the coordinating institution, Miami-Dade Community College (M-DCC), have had numerous opportunities to release information regarding the activities and accomplishments of the collegiate consortium. Three major opportunities for dissemination of information were afforded the national Human Services consortium of colleges. National project staff were presenters at the national convention of American Association of Community and Junior Colleges (AACJC) held in Denver, Colorado during the Spring, 1977. They were also provided the opportunity to present at the National Drug Abuse Conference (NDAC) for 1977 and 1978. These kinds of opportunities, to bring the work of the consortium before nationally convened audiences, are extremely important to the success of consortium's overall goal--endorsement, adoption and implementation of the consortially conceived process for deriving generic Human Services/multi-area programs unique to participating institutions. The most important task of the consortium spokesmen was to make readily available to participants at every opportunity a complete and influential exploration of the benefits to be derived from collaboration. In order to meet the overall goal of the National Human Services Consortium,there is an obvious need to mount an intensive informational campaign to make every potential educational institution and drug abuse facility aware of the rewards to be gained from educators/practitioners cooperation.

ACKNOWLEDGEMENTS

Miami-Dade Community College wishes to acknowledge the following individuals who were instrumental in bringing the work of Human Services/Drug Abuse (HS/DA) project to the attention of nationally convened educators and practitioners:

Dr. Lonnie E. Mitchell
Chief Manpower and Training Branch
Division of Resource Development
National Institute on Drug Abuse

Dr. Richard E. Wilson
Vice President for Programs
American Association of Community and Junior Colleges

Dr. George Mehallis
College Dean for Occupational Education
Miami-Dade Community College

Mr. James E. O'Connor
HS/DA Project Director
Miami-Dade Community College

Mr. Joseph S. Olson
HS/DA Academic Coordinator
Miami-Dade Community College

Mr. Charles Klingensmith
HS/DA Program Manager
Miami-Dade Community College

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III. NATIONAL PRESENTATIONS

National Human Services/Drug Abuse (HS/DA) staff at Miami-Dade Community College (M-DCC) were presenters at national conventions related to educator and practitioners features of the project. Selected staff persons gave presentations at the American Association of Community and Junior Colleges (AACJC) national conventions in Denver,Colorado during April,1977 and at the National Drug Abuse Convention (NDAC) meetings of May, 1977 and April,1978. In each instance, the presentation was geared toward the dissemination of project information discerned to be of greatest interest to the attendant population. In all cases, the project representatives were most successful at fulfilling announcements listed in programs, meeting expectations of audiences, and engendering vigorous discussion pertaining to the long-range influence of consortial activities upon Drug Abuse workers in the Human Services industry.

A. AACJC/1977

Although the HS/DA project staff requested permission to present at the AACJC/1977 national convention near the finalizing of the convention program, they were fortunate in obtaining a cancelled slot for discussion-seminars (Appendix C, p. 1). All project-related persons were informed immediately (Appendix C, p. 2). In reality, this was the best kind of presentation format the project staff could have been assigned. The presentation was placed in competition with topics of national significance to educators but still managed to draw a representative sampling of the available participants (Appendix C, pp. 3-4). Sixty persons attended the session (Appendix C, p. 5). The paper presented at the session was also intended for use at the NDAC-77 meeting the following month (Appendix C, pp. 6-13). At this session, the educational implications were emphasized. Practitioner implications would be emphasized at the next presentation. The participants appreciated the many project documents that were distributed and showed great interest in availability dates for the instructional materials being developed. Several follow-up interchanges of project information were generated. In addition, the presentation was considered of value to the overall success of the convention (Appendix C, p. 14)

The HS/DA project staff did not request permission to present at the AACJC national convention for 1978. All of the major curriculum design and development work and plans had been reported at AACJC-77. The staff elected to postpone the next AACJC presentation until the core and specialty course-packages were near completion, the national consortium was approved for funding, and important data from the implementation of the M-DCC program were available. With these restrictions in mind, the national HS/DA staff expects the next AACJC presentation date to be Spring, 1979.

B. NDAC 77/78

The national HS/DA project staff responded to a call for presentations for the National Drug Abuse Conference-77 held in San Francisco, California during early May, 1977 (Appendix, p. 15). The staff were participants on a panel charged with discussing various features of "NEW DEGREE PROGRAMS" (Appendix C, pp. 16-17).

In general, the audience contained individuals who were academically beyond the associate degree.' As a consequence, they exhibited more interest in higher degree programs that had also been designed to offer instruction in a flexible and time-shortened manner. Although the composition of the audience did not fairly represent the clientele for which the HS/DA programs were designed-and this condition was certainly not unexpected-it must be remembered that there are thousands of potential HS/DA students working in drug abuse facilities throughout the nation and hundreds of two-year institutions which could assist those individuals in earning their first substantial credential, an Associate Degree in Human Services with an emphasis upon Drug Abuse. Those involved in designing solutions to the problems of credentialing drug abuse personnel must not overlook the benefits to be derived from an opportunistic utilization of the extensive and established instructional contributions available from more than 1,200 lower-division institutions nationally.

The presenters released an abundance of information regarding national Human Services/Drug Abuse project accomplishments and plans to the members of the audience. The information was welcomed as most participants were participating in the Continuing Education Program sponsored by the Career Development Center (Appendix C, p. 18). The paper presented at the meeting and interpreted in terms of practitioner concerns (Appendix C, pp. 6-13) was not accepted for inclusion in the conference proceedings. However, the paper was accepted by the ERIC Clearinghouse for Junior Colleges and announced in the December, 1977 issue of "Resources in Education" as document number: ED 142 268. Orders for copies in microfiche or hard copy may be obtained from:

ERIC Document Reproduction Service
Computer Microfilm Internation Corporation
P. O. Box 190
Arlington, Virginia 22210

The national HS/DA project staff responded to a call for presentations at NDAC-78 from the co-chairman of Region 4 (Appendix C, p. 19). A follow-up presentation to NDAC-77 was submitted and approved (Appendix C, p. 20). At NDAC-78, the Program Manager informed the participants of the consortium's instructional materials development efforts and more importantly, in terms of audience interest, the results of a national survey which indicated the status of Human Services/Drug Abuse programs among two-year institutions selected on the basis of having a credit-head-count of 2,000 or more (Appendix C, pp. 21-23). The most significant data from the survey in terms of the conferees showed that only 24 of 92 institutions (26%) with Human Services programs offered specialty tracks in drug abuse and/or alcohol abuse. The results of the entire study are being placed in a computer bank so that information may be retrieved in any combination desired. Further details of the study will be presented in "Section IV: NATIONAL SURVEY," of this report.

The HS/DA Program Manager, Mr. Charles Klingensmith joined the national project staff on a full-time basis during the Fall term, 1977. One of his responsibilities is to keep in touch with all the latest developments in drug abuse that could have impact upon the HS/DA program he is managing at M-DCC. Attending and presenting at National Drug Abuse Conferences contributes to being a knowledgeable and successful Program Manager (Appendix C, pp. 24-25). In the future, all Program Managers at the participating colleges of the consortium should plan to attend and present collectively at National Drug Abuse Conferences.

C. OTHER PRESENTATION PLANS

In order to make the mission of the national HS/DA consortium known to others, the charter members should take advantage of every opportunity to disseminate information concerning consortial accomplishments. An overall goal for the three-years of operation supported by NIDA, is to expand the membership of the consortium. This can only be accomplished by thoroughly documenting and distributing information regarding consortial activities and achievements.

There are several obvious and available pathways for releasing consortial information. They should all be thoughtfully considered for acceptability and utilization. There are numerous Human Services and Drug Abuse meetings conducted for educators and practitioners each year at national, regional, state and local levels. This condition also raises a question. Is there a need for creating organizations at national to local levels that could singly serve the needs of educators and practitioners? In order for two-year institutions to articulate with senior colleges and four-year institutions, it may be helpful to utilize the national conventions of the American Association of Higher Education (AAHE) for releasing consortial information. Certainly, each state has an association for two-year institutions, such as the Florida Association of Community Colleges (FACC), that could provide a mechanism for releasing information to colleagues. National to local associations of persons in career or occupational education represent other potential pathways for liberating pertinent information. These are a few of many possible avenues consortium members can use for informing other professionals of the national HS/DA effort.

SECTION IV

NATIONAL SURVEY: THE STATUS OF HUMAN SERVICES PROGRAMS AMONG SELECTED PUBLIC AND PRIVATE TWO-YEAR INSTITUTIONS

A COMPREHENSIVE REPORT
TO THE
NATIONAL INSTITUTE ON DRUG ABUSE
SECTION IV: NATIONAL SURVEY

CONCERNING THE
NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT

COORDINATED BY
MIAMI-DADE COMMUNITY COLLEGE

FOR THE PERIOD
AUGUST, 1975 THROUGH JULY, 1978

INTRODUCTION

Miami-Dade Community College has been engaged in a national project funded over the past three years by the National Institute on Drug Abuse (NIDA). Our project obligations have been to: formulate a national consortium, cooperatively design non-traditional, broadly transferable, associate degree programs in Human Services emphasizing a track in Substance Abuse; develop instructional materials for the programs; and implement the programs at the consortium colleges. The previously stated charges are in various stages of completion. Since an overriding project obligation is to produce a "Programs Manual" and support materials, and encourage program implementation throughout the nation, thereby expanding the consortium delivery base and further meeting a strategy of NIDA, the project staff deemed necessary an assessment of Human Services programs among selected two-year institutions in America. There is a shortage of information available in the literature relevant to the subject. The predominating report base is educational rather than Human Services professional and when coupled with the reality that Human Services lacks an agreed-upon definition from any sector and especially at the national level, there is an obvious need to begin contributing to the literature, studies indicative of the state of the art for the purpose of establishing adequate reference points to aid in guiding future developments of the movement.

CONTACT PERSON

Not all available data from the national survey have been fully analyzed. Close-end items from the questionnaire have been tabulated manually and those data appear in this report. Open-end items on the questionnaire require electronic tabulation and those data will be available upon derivation and application of a computer program. Complete information from the study will be released officially in the near future to respondents and other interested persons and agencies. In the interim, please direct all inquiries concerning the"National Survey" to:

Miami-Dade Community College
Office of Occupational Development, Room 2147
National Human Services/Drug Abuse Project
Mr. James E. O'Connor, Project Director
11011 S. W. 104 Street
Miami, Florida 33176

SECTION IV: NATIONAL SURVEY: THE STATUS OF HUMAN SERVICES PROGRAMS AMONG SELECTED PUBLIC AND PRIVATE TWO-YEAR INSTITUTIONS

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IV. NATIONAL SURVEY: THE STATUS OF HUMAN SERVICES PROGRAMS AMONG SELECTED PUBLIC AND PRIVATE TWO-YEAR INSTITUTIONS

A. OVERVIEW

Many educational institutions have engaged in curricular efforts involving Human Services energized by the New Careers Act of 1967, but no recent national survey has been conducted to determine the current status of the effort. The purpose of this survey was to determine the status of Human Services programs among selected public and private two year institutions. Upon completion, the research will reveal information on the following features of institutional Human Services programs: locations by states, needs surveys bases, operating life, availability of program manuals, departmental placements, specialty tracks, generic core based, student enrollment, degrees awarded, popular textbooks, and staff interests in instructional materials and national meetings. Institutions with a credit-head-count of 2,000 or more comprised the non-random sample. Financial and curricular reasons prompted the use of the selection criterion. Each selected institution received an original and validated questionnaire. Data will be displayed principally in tabular format and accompanied by interpretations and recommendations. The findings of the study will be of interest to educators, practitioners, associations, agencies and organizations at the federal, state, and local levels, and publishers associated with the Human Services movement in America.

B. STATEMENTS OF THE PROBLEM AND THE PURPOSE

1. STATEMENT OF THE PROBLEM

Lower division institutions have engaged in programatic efforts involving Human Services energized by the New Careers Act of 1967 but, no recent national study has been conducted to determine the current status of the effort.

2. STATEMENT OF THE PURPOSE

To determine the status of Human Services programs among selected public and private two-year institutions.

C. TYPE OF RESEARCH DESIGN

This study involves descriptive research. A questionnaire, validated by a five member review committee composed of two administrators, two faculty members and a student, all having varying degrees of familiarity with the national Human Services demonstration project and released to a non-randomly selected sample during early 1977, represents the single design treatment unsupported by dun correspondence to increase the number of responses (Appendix D, pp. 1-3). The base line data established by this study coupled with the continued release of an improved questionnaire could be used on a continuing basis to detect national programatic shifts annually. This would be a realistic on-going venture as the national Human Services movement is approximately a single-decade old and is viewed by informed persons as being in a stage of evolution far from maturity. No attempt was made to determine the quality of the academic or life experiences nor assess the credentials of the respondents and therefore it must be assumed that those requested to respond were considered by the institutions involved as the best informed persons available. In those cases where no responses were obtained it is probable that the institutions involved had neither Human Services programs nor appropriately informed persons. It is also assumed in terms of a true and future experimental design that the group of respondents does create a somewhat stable and identified sample upon which needed research could be conducted. This is an important long-range consideration since the national demonstration project institutions anticipate being awarded significant funding for a three-year period beginning 1979.

D. BASIC ASSUMPTIONS

1. Since the Human Services movement is relatively new, having been spawned by the New Careers Act of 1967, it was assumed that larger, lower-division institutions specifically those with a credit-head-count of 2,000 or more would have sufficiently elaborate curricula to accommodate associate degree programs in Human Services.

2. All lower-division institution administrations and others would value current information on the national status of Human Services associate degree programs.

3. The number of institutions responding would not reach the preferred level because dun correspondence would not be utilized.

4. The routing of the received questionnaire to an adequately informed respondent would be an appropriately determined institutional decision.

5. The letter of transmittal from the president of the college to the presidents of the receiving institutions would tend to positively influence the number of responses.

6. Those institutions not responding probably do not have or are unfamiliar with Human Services programs.

7. The questionnaire communicated adequately.

8. There is a high potential national market for instructional materials produced by the Human Services consortium.

9. Making presentations at national conventions is an effective method for disseminating information on the purpose, activities, plans and products of the Human Services consortium.

10. Some states are exerting influence on the kinds of Human Services programs being offered by institutions in the sample.

E. LIMITATIONS

1. The appropriateness of selecting public and private, two-year institutions with a credit-head-count of 2,000 or more as the sample for the study.

2. Using an original questionnaire that was validated by an advisory group but not pilot tested.

3. The referring of the questionnaire by the president's office within the receiving institution.

4. Selection of an informed person within the institution as the respondent.

5. The accuracy of the responses provided by the selected respondent within the institution.

6. The selected respondent within the institution electing privately not to respond.

7. Insufficient funds for issuing dun correspondence.

8. The inappropriateness of the president of the sending college to issue dun correspondence to the presidents of the receiving institutions.

F. DELIMITATIONS

This study involved the following parameters:

1. A decision by the national project staff and permission from the district administration and NIDA staff to determine the general status of Human Services/specialty track programs on a national basis.

2. A review of the literature to substantuate the anticipated need for the study.

3. A decision by the national project staff to question by mail approximately 400(s)-based on the criterion of a credit-head-count of 2,000 or more-of the total population of over 1,200(N).

4. The release of validated but not pilot tested letter of transmittal and questionnaire with return paid postage and no dun correspondence or declared limit on reponse time.

5. The accurate completion of the questionnaires by informed persons in the selected institutions and the obtaining of approximately 50% return.

G. DEFINITION OF TERMS

1. GENERIC CORE-the knowledge and skills considered as common to all the specialty areas (i.e. mental health, substance abuse, child care, etc.) under the Human Services umbrella.

2. HUMAN SERVICES-any service or financial assistance provided to individuals or their families to help them achieve or maintain personal independence and economic self-sufficiency, including health, education, manpower, social, vocational rehabilitation, aging, food and nutrition, and housing services.

3. NEW CAREERS ACT-1967 federal legislation to promote the use of the disadvantaged as paraprofessionals in the helping professions (i.e. social work, mental health, education, etc.).

4. NATIONAL INSTITUTE ON DRUG ABUSE-NIDA, a federal agency created to eliminate the drug problems of America, is part of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA),of the Public Health Service (PHS),of the Department of Health, Education and Welfare (HEW).

5. TRACK-one of the many specialty area options (i.e. corrections, gerontology, teacher aide, etc.) emphasized within generic Human Services degree programs.

H. PROCEDURES AND METHODOLOGY

1. POPULATION AND SAMPLE SELECTION

The population involved in this study is all (over 1,200) American, public and private, two-year institutions. Since it would be too costly and unnecessarily elaborate to obtain responses from all institutions in the population, a decision was made to question a sample of the population. The sample was not selected randomly but rather on the basis of a single criterion. Only those institutions with a credit-head-count of 2,000 or more would receive a questionnaire. This decision was reached as a result of information obtained from the College and University Systems Exchange (CAUSE) which provides assistance to administrators of educational research and planning. The

CAUSE printout indicated that a cut-off at the 2,000 credit-head-count threshold would produce an economially feasible sample of approximately 400 institutions. The higher enrollments were preferred because it was assumed that those institutions would have curricula sufficiently elaborate to accommodate programs in the relatively new area of Human Services. The CAUSE data banks are updated annually. The enrollment figures released in 1977 were current for 1976. The printout provided the college name, president, address and enrollment.

2. PROCEDURES FOR COLLECTING DATA

Upon receiving permission from the district administration and NIDA staff, the HS/DA project director prepared a questionnaire and a letter of transmittal which were reviewed and edited by an advisory group composed of two administrators, two faculty members and a student, all having varying degrees of familiarity with the national Human Services demonstration project, and sent by first class postal service to approximately 400 institutions during early 1977. Each letter contained an addressed and return-postage-paid envelope. The recepients were asked to return the completed questionnaires at their earliest convenience. Financial limitations eliminated the issuing of dun correspondence.

3. PROCEDURES FOR TREATING DATA

All collected raw data will be converted when applicable to a tabular format. For example, one research question deals with the numbers of institutions with, without or planning programs. Therefore, the table will have columns which indicate: the total number of institutions responding, the numbers and percentages of those with programs, without programs and planning programs. This is typical of the treatment that will be given to each of the research questions dealing with numbers and percentages.

For the research question that produced information on the names of Human Services textbooks currently in use, the data will appear as an ordered list with percentages of preference indicated. The information will be very useful to a manager of a Human Services program seeking popular textbooks. A subjective examination will be needed on the part of the evaluator to prove real worth.

For those aspects of the study dealing with implied subtleties such as the appropriateness of the respondent, an ordered list with percentages of occurance according to institutional title will be displayed. Hopefully, the study will indicate that Human Services informed persons were the major respondents.

Each variable and research question will be presented in a manner appropriate to the nature of the data. In addition, each set of data reported will be interpreted objectively or subjectively as needed. Furthermore, recommendations will be made that will be of value to both educational institutions and Human Services agencies regardless of whether they are operational or in planning stages.

I. EXPECTATIONS

There is no doubt that the findings of this study will be of interest to:

1. The colleges planning to implement Human Services/Drug Abuse Programs.
2. The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA).
3. The funding agency, NIDA.
4. The present and future members of the National Human Services/ Drug Abuse consortium.
5. Those responding to the questionnaire.
6. Publishers and producers of instructional materials for Human Services programs.
7. State and local Human Services agencies.
8. Human Services associations and organizations.
9. Human Services practitioners, educators, and students.

J. ANNOTATED BIBLIOGRAPHY

1. Ello, Joseph G., et.al., "An Assessment of the Need for a Human Services Associate Degree Program on the Jackson County Campus." Nova University, Ft. Lauderdale, Florida, 1974.

   The purpose of this practicum was to test the belief that a need existed for a two-year associate degree program at Mississippi Gulf Coast Junior College in the area of Human Services. A questionnaire was developed and mailed to 25 community agencies, of which 78 percent responded. Results of the survey showed that nine of the responding agencies provided an inservice training program for workers with less than a four-year college degree, and three of the agencies reported that their programs met all of their training needs; agencies that did not provide training programs and those whose programs were not adequate felt that the Jackson County Campus of the Mississippi Gulf

Coast Junior College could meet their needs; one agency felt that the college could not be of assistance, and four did not know if the college could be of assistance; four of the agencies reported that 57 employees would be eligible for job advancement if they earned a two-year degree in Human Services, and estimated that there were 22 positions open for people with such a degree; 12 agencies stated that they would accept interns enrolled in the program, 70 of which could be accepted each semester; 5 of the 12 agencies stated that they would be able to pay interns part-time wages; and 14 agencies were willing to help establish a curriculum for the program.

2. Kassel, Myrna B., "A Core Curriculum for Entry and Middle Level Workers in Human Services Agencies: Manpower for the Human Services. Office of Research and Development, U.S. Manpower Administration, Washington D.C., 1971.

   This monograph is the third in a series summarizing the work progress of the Human Services Manpower Career Center, a special research and development project funded by the U.S. Department of Labor. This volume offers a core curriculum for the training of workers in state Human Services agencies, geared primarily to the use of the community college for the training of entry and middle level Human Services generalists. The core curriculum is composed of three basic training components, including those which are relevant to all the Human Services occupations, those which are specific to the field of work, and those which are specific to the actual job the worker is expected to perform in a particular setting. A core curriculum for a 2-year community college program leading to an associate degree in Human Services is outlined along with recommendations for improved technology, the application of available new technology for training, and the enrichment of training faculties by the use of agency personnel and community leadership.

3. Kiffer, Theodore E, and Burns, Martha A., "Human Services Occupations in the Two-Year College: A Handbook." Pennsylvania State University, University Park, Center for the Study of Higher Education, 1972.

   This handbook is intended as a guide for community college administrators in setting up Human Services programs. (Human Services programs refer here to training programs for paraprofessionals involved in helping people.) Data were gathered from 176 two-year colleges regarding the Human Services curricula offered in 1970-71. In Part 1, the survey is described as well as the Human Services student and curriculum in general. In Part II, nine Human Services fields are presented: (1) child day care; (2) education-library and teacher aides; (3) fire prevention;

(4) government services; (5) hotel, motel, and food services; (6) law enforecemnt; (7) health; (8) parks and recreation; and (9) social work. For each field, initiation of the program, costs, faculty, students, curriculum (including examples of specific college curricula), accrediation, employment opportunities, and suggestions are explored. A brief section about programs that closed is included.

4. McPheeters, Harold L., and Claxton, Charles S., "A Report of a Study of Human Services Programs in Two Year Colleges of the South." Southern Regional Education Board, Atlanta, 1975.

   Quietly and with little fanfare, community and junior colleges have played a major role in recent years in a significant new social movement--the training of workers at the one and two-year levels to work in mental health, social work, education, corrections, and other Human Services areas. The Southern Regional Education Board carried out a survey of Human Service programs in the two-year colleges of the South and received data from 97 institutions with 183 programs. The purpose of the study was to gather information on several instructional and administrative issues and to identify problems which might lend themselves to regional action. It was found that the field of Human Services is still in a developing state. For the most part the faculty and program directors tend to identify with their specific program area rather than with the field of Human Services at large. While there are many variations in the programs, they appear to have more commonalities than differences. The curricula are designed to prepare practitioners at the technician level,the programs make extensive use of experiential teaching techniques and most utilize field training for their students. They teach many of the same concepts, skills and values and they are all concerned with helping the student develop self-awareness of his or her own motivations and personality. A number of problems are identified and recommendations are made in regard to those problems. The study indicates that overall, the community and junior colleges in the South have done an outstanding job in facilitating these programs and will contribute to a fuller conceptualization of the field in the future.

5. Swift, Joan W., "Human Services Career Programs and the Community College." American Association of Community and Junior Colleges, Washington, D.C., 1971.

   Changes in the role of the community college, coupled with the need for improved community Human Services and the war on poverty, lead to a need for Human Services career programs. The fields covered are social services, health, and education, and the programs are occupational and professional in nature. Prospective students are identified as recent high school graduates and new and second "careerists."

The characteristics of each group are reviewed. Views of students in Human Services programs are reported. As realistic responses to the needs of local communities, examples are given showing the range of programs presently in operation in public and private community colleges. Key considerations in launching a career program are offered, including the nature and selection of a curriculum model, faculty assignments, and field experiences. The development of self-awareness and interpersonal skills is stressed. Suggestions are made for the future of the programs.

K. PRELIMINARY RESULTS AND FUTURE PLANS

At the present time, the survey data have not been subjected to electronic sorting and printing. The data from some questionnaire items were hand scored and presented by the HS/DA Program Manager at NDAC-78 (Appendix D, pp 4-5). The open-end items chosen for interpretation were selected on the basis of perceived audience interest. The questionnaire item dealing with various specialty areas under an institution's Human Services umbrella revealed that only 24 or the 92 institutions (26%) with Human Services programs offer specialty tracks in drug and/or alcohol abuse. Hopefully, the national HS/DA project will be able to increase over the next few years the percentage of institutions offering a Drug Abuse specialty area in Human Services programs.

The several open-end items on the questionnaire will be organized, hand-scored and also prepared for key-punch. The procedure will generate realistic choices for the open-end items and allow an improved questionnaire to be circulated in the future with only close-end items. A brief, concise and objective questionnaire format (close-end) usually generates a higher number of responses. The desire to have all items on the questionnaire conform to a close-end format is important because there are plans to reissue a revised questionnaire annually to an increasing number of two-year institutions nationally in order to: gain more comprehensive knowledge on the status of Human Services programs; allow M-DCC, as the coordinating institution for the national effort, to establish a computer-based, Human Services Clearinghouse function for the consortium; obtain new information germane to further curriculum design and development; increase the membership of the national Human Services consortium; and establish an expanded data base for a longitudinal study. All of these benefits will be of interest to NIDA as well as all other federal agencies that have obvious but undeveloped direct relationships with the national project.

SECTION V

PROGRAM IMPLEMENTATION

A COMPREHENSIVE REPORT
TO THE
NATIONAL INSTITUTE ON DRUG ABUSE

SECTION V: PROGRAM IMPLEMENTATION

CONCERNING THE

NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT

COORDINATED BY

MIAMI-DADE COMMUNITY COLLEGE

FOR THE PERIOD

AUGUST, 1975 THROUGH JULY, 1978

INTRODUCTION

From August, 1975 through July, 1978 Miami-Dade Community College (M-DCC) coordinated a national effort, funded by the National Institute on Drug Abuse (NIDA), committed to forming a small national consortium of two-year institutions, cooperatively developing Human Services/ Drug Abuse (HS/DA) programs and instructional materials, and identifying non-traditional means for delivering instruction. Toward the end of the three-year period, M-DCC began planning for the implementation of an HS/DA program at the college. Various phases of the planning attended to the many important categories of tasks preceding program implementation: selecting the Advisory Committee; establishing goals for the Program Manager; unifying the effort among campuses; obtaining academic approval for the program; selecting a campus for initial implementation; establishing liaison with local facilities; articulating with local upper division institutions; and recruiting students. Since M-DCC will be implementing an HS/DA program first, the HS/DA staff will document completely, pertinent successful strategies for use by consortium members and other interested agencies, institutions and facilities.

ACKNOWLEDGEMENTS

The national Human Services/Drug Abuse (HS/DA)project staff wish to recognize the following individuals for their assistance in making the implementation effort at Miami-Dade Community College a reality.

STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES (HRS)

Dr. Harry Moffett, Supervisor
HRS Drug Abuse Program
Tallahassee, Florida

Dr. Thomas J. Cahill, Supervisor
Mental Health Program
District 11, Miami, Florida

Ms. Dorothy Eastwood, Coordinator
Drug Abuse Programs
District 11, Miami, Florida

METROPOLITAN DADE COUNTY, DEPARTMENT OF HUMAN RESOURCES

Mr. James A. Ward, Director
Rehabilitative Services Division

Mr. Charles Lincoln, Director
Comprehensive Drug Program

Dr. Marshall Farkas, Deputy Director
Comprehensive Drug Program

HUMAN SERVICES/DRUG ABUSE ADVISORY COMMITTEE

Dr. Marshall Farkas, Deputy Director
Comprehensive Drug Program
Metropolitan Dade County

Ms. Betti Pate, Director
Training, Information & Education
Metropolitan Dade County

Mr. Arnold Feiner, Coordinator
Alcohol/Drug Dependencies
Veterans Administration Hospital

Mr. Miguel A. Reyes, Administrator
Dade County Department of Youth
and Family Development

Ms. Dutchie Johnson, Director
Drug Abuse Counselor Training Program
Florida Memorial College

Mrs. Selma Rosenthal, Student
Miami-Dade Community College
North Campus

MAIMI-DADE COMMUNITY COLLEGE CAMPUS ADMINISTRATION

Dr. Ambrose Garner
Vice President
South Campus

Dr. Duane Hansen
Vice President
North Campus

Dr. William Stokes
Vice President
New World Center Campus

HUMAN SERVICES COORDINATING COMMITTEE

Dr. George Mehallis
District Administration

Dr. Susan Blank
South Campus

Mr. James E. O'Connor
District Administration

Mr. Rolando Alvarez
New World Center Campus

Dr. Albert K. Smith
South Campus

Mr. Charles Klingensmith
New World Center Campus

Dr. Cecil Nichols
North Campus

SECTION V: PROGRAM IMPLEMENTATION

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V. PROGRAM IMPLEMENTATION

A. PREPLANNING CONSIDERATIONS

There is really no preferred methodology for pursuing tasks associated with the implementation of a Human Services/Drug Abuse (HS/DA) program. It simply seems that each task needs to be accomplished first. Every attempt to rank tasks by priority resulted in a new listing. Obviously, the best solution is to initiate activity associated with each task simultaneously. This approach is much easier to accomplish than first realized. Simultaneous recognition of all major tasks associated with implementing a program produces an enlightened awareness and information base that leads to a highly organized,integrated, systematic and productive initial effort. Granted, a new Program Manager may not be able to perceive and predict during a preplanning stage all the problems that will most assuredly arise. For this reason, the national HS/DA staff have documented in detail these preplanning activities deemed necessary for successful program implementation. The order in which the various tasks are presented does not indicate a systematic preference.

B. GOALS OF A PROGRAM MANAGER

The Program Manager (PM) is ultimately responsible for the success of an HS/DA program. The criteria to consider when selecting a PM were discussed in detail in Section II: Program Design and Development pp. 8-12 and Appendix A, pp. 9-12 of this report. Upon realizing a preferred potential for a PM, attention should be directed toward establishing a preliminary set of long-range PM goals to use in describing the position for a personnel department (Appendix E, p. 1). This information, should be coupled with a description of PM tasks as outlined in a consortium-member proposal to NIDA (Appendix E,pp.2-3) in order to prepare a job description at the participating institution for the position of PM (Appendix E, pp. 4-5). Thereafter, the selected PM, working with institutional administrators and faculty and facility personnel, should be responsible for drafting performance goals and objectives (Appendix E, pp 6-7). Although the actual process for the generation of PM goals at M-DCC did not follow the chronology suggested, it is the opinion of national HS/DA project staff that following the preceding suggestions will result in expeditious resolution of an initial project consideration.

C. COLLEGE-WIDE UNIFICATION

One of the early tasks of a PM deals with unifying the units of a multi-campus college or a multi-institutional college system in terms of a coordinated college-wide approach to implementing a Human Services/Drug Abuse program. The experience of the national HS/DA project staff at M-DCC-a multi-campus college with a District

Administration-will be of help to some and maybe all consortium members and other interested institutions.

The HS/DA staff prepared a set of statements intended to promote unity among the campuses interested in offering HS/DA programs. A meeting was called to review the statements. Representatives from District Administration and the campuses and HS/DA project staff attended the meeting. The persons who participated in the meeting became the nucleus of a college-wide, open-membership "Human Services Coordination Committee (HSCC). The agreements, decisions, and actions of the HSCC were delivered to all interested parties for review and revision. The revised version of the unification document was reissued for final approval (Appendix E, pp. 8-13).

The document can serve as a model for a single or one-campus institution to use in unifying various divisions and departments associated with an HS/DA program. As an institution moves toward the implementation of a comprehensive Human Services/multiple specialty area program with an increase of students enrolled in the program, the benefits of an early unification effort will be more apparent because a wider range of divisions, departments, and courses within the institution will be needed to provide instruction for the program. The ultimate solution to organizational problems may be to consider at the onset a separate division or department to house a Human Services program.

D. THE HS/DA PROGRAM AT M-DCC

The PM serves as the primary influential in negotiating academic approval for an HS/DA program. At M-DCC, the PM and other members of the HSCC presented the HS/DA program to the College Committee on Academic Affairs (CCAA). The program received full approval and will appear in the next issue of the college catalogue (Appendix E, pp. 14-15). The endorsement was college-wide and therefore applies to all campuses of the college.

The M-DCC program is referred to as a Human Services Program. In reality, the initial implementation will be a Human Services/Drug Abuse Program. At later times, the program will undergo several analyses by educators and practitioners to guarantee curricular integrity of the generic concept, develop specialized instructional materials, and add other major specialty areas commonly placed under the Human Serverces umbrella. Consortium members and other institutions will participate in the creation and utilization of the "Generic Human Services/Multiple Specialty Area Programs." Practitioners from the specialty areas of mental health, alcohol, gerontology and child care will be involved throught various cooperative curriculum design and development processes and phases.

Another important task for the PM is to form a working liaison with administrative and other line personnel in local Drug Abuse facilities. The relationship will be valuable in identifying informed persons within a complex interested in functioning as adjunct faculty for an HS/DA program. Persons contacted unoficially thus far in Miami, Florida, have indicated an eagerness to cooperate because their involvement will more closely link staff training and professional incentive endeavors of facilities with Human Services degree programs at M-DCC. In addition, there is an opportunity to arrange college credit for National Drug Abuse Center (NDAC) courses approved by the American Council on Education (ACE) offered through the training programs of local facilities (Appendix E, p. 16). Any PM at a consortium member college should organize these kinds of instructional arrangements at the earliest possible date.

Since the target population - competent but non-credentialed workers in Drug Abuse facilities - will be gainfully employed during the regular school day, the identification of strategies for the non-traditional delivery of instruction is imperative. In most institutions, evening and weekend college is an available alternative. Unfortunately, the course offerings generally entail traditional classroom instruction. Other existing alternatives must be employed. Courses in the HS/DA program at M-DCC have been evaluated in terms of other kinds of existing non-traditional delivery. Opportunities for earning course credits through the College Level Examination Program, Credit by Departmental Examination, Directed Independent Study, and Open College (offers courses via open television and radio broadcast and independent study) have been identified (Appendix E, p. 17).

Other methods of conveniently structuring instruction and awarding credit are being considered at M-DCC. Preliminary assessments for awarding college credit for prior learning or experiential learning are awaiting college-wide standardization of evaluative criteria. M-DCC is a demonstration college for Cooperative Assessment for Experiential Learning (CAEL). Although, the initial effort will probably target upon General Education Core Courses, the portfolio system may not be available to HS/DA students at M-DCC during the funded-life of the project. Possibly charter and added members of an expanded national HS/DA consortium who have completed the CAEL experience may be able to lend assistance to the membership. A mechanism for awarding partial credit remains undeveloped. At some time in the not to distant future the consortium may be able to offer completely external Human Services programs. These are some of the innovative methods and stragegies for conveniently structuring instruction and awarding credit of which a PM must be aware in order to meet the unique needs of the target population.

E. THE ADVISORY COMMITTEE

The Program Manager should organize an advisory committee composed of members from various sectors of the community associated with the goals of the Human Services/Drug Abuse (HS/DA) program (Appendix E, pp. 18-19). There are policies and procedures at M-DCC governing the composition and functions of advisory committees (Appendix E, pp. 20-21). Certainly, other institutions have similar requirements. Charter consortium-member should be certain that the composition and functions of an HS/DA Advisory Committee also align with those stated in the institution's proposal to NIDA (Appendix E, p. 22). The agenda and minutes for first HS/DA Advisory Committee Meeting conducted at M-DCC are included in this report (Appendix E, pp. 23-26).

F. SITE SELECTION

There are numerous factors to consider when selecting a site for a HS/DA program. At M-DCC a multi-campus college with a District Administration - the national HS/DA model program will operate at the New World Center Campus (NWCC) located in downtown Miami, Florida. An original HS/DA program on South Campus will continue to function in tandem with the program at the NWCC. The initial HS/DA endeavor at M-DCC will involve two of four possible campus locations. As student enrollment and program expansion occur, the other campuses will join the effort. The NWCC is an excellent site for modeling the national HS/DA program because NWCC: has students from local drug facilities presently enrolled, offers the Life Lab program, is centrally located in Dade County, has a tri-ethnic student population, has sought involvement in the Human Services venture, and can accommodate a necessary non-traditional delivery of a program (Appendix E, pp. 27-29).

There are other decisions in which a PM should be involved that have importance in terms of selecting a successful site for implementing an HS/DA program. Participating colleges will have various sizes and organizational structures. In these varied cases, a PM must be instrumental in determining the location of an HS/DA program albeit, institutional, campus, divisional or departmental. In addition, the PM must be sensitive to the utilization of existing faculty in a non-traditional program and their acceptance of adjunct faculty from local facilities. The nearness of drug facilities and prospective students to a campus cannot be ignored. A firm link between the academician's and practitioner's worlds must be welded.

G. ARTICULATION AND LIAISON

Three other features of program implementation for which a PM is ultimately responsible involve articulating with upper-division institutions in which HS/DA graduates may wish to enroll, formulating a firm and continuous liaison with participating state branch and county drug abuse agencies and facilities, and investigating with other community agency representatives directly related to program goals all employment possibilities for graduates.

The PM at M-DCC has engaged in extensive conversation with representatives of local upper division institutions to determine the kinds of Bachelor Degree programs graduates may pursue that accommodate the Associate of Arts Degree in Human Services/Drug Abuse earned at M-DCC (Appendix E, p. 30). In general, upper division programs available locally are currently shrouded in rather traditional opportunities such as psychology, sociology, and social work. The single exception is the College for Human Services of Yew York City, which recently opened a branch office in Ft. Lauderdale, Florida, and plans to offer a Master's Degree in Human Services. There is an obvious need for established four year institutions in Florida with graudate studies and research capabilities to examine the feasibility of providing programs involving bachelor's degrees in the major specialty areas currently under the Human Services umbrella - mental health, gerontology, child care, alcohol abuse, and drug abuse - as well as bachelor's, master's and doctoral degrees in Human Services. Consortium members and other interested institutional persons should investigate and fully determine the HS/DA project related articulation opportunities at state and other schools for graduates of their HS/DA programs.

The PM must establish an open and working relationship with the Single State Agency and the local (county) Drug Abuse agency. The HS/DA Academic Coordinator and Program Manager met with a representative of the regional office of the Single State Agency for Florida and provided detailed information on the goals of the national HS/DA project (Appendix E, pp. 31-32). A series of similar meetings and exchanges of information aided regional office personnel in determining the value of the project to the Single State Agency. The regional office forwarded a favorable review of the M-DCC proposal to NIDA of June 1, 1977, to the state office which in turn released a letter to NIDA endorsing the project. National HS/DA project staff also obtained letters of support for the project from the Metropolitan Dade County drug abuse agency (Appendix E,, pp. 33-34). These kinds of acknowledgements and support for the HS/DA project and program are essential for the success of the endeavor and must be obtained and maintained by the PM.

The PM should also determine the value of the program to other related agencies in the community in order to recruit students and assess employment possibilities for graduates (Appendix E, pp. 35-37). Although the target population is currently employed but non-credentialed workers in drug abuse facilities, the program is open to all interested persons who coincidentally may be unemployed. Therefore, all contact with agencies should be conducted to not only recruit students but also determine employment opportunities. These and other kinds of articulation and liaison activities are an on-going responsibility of the PM and are necessary for the success of local programs and the national demonstration project

H. STUDENT RECRUITMENT

All consortium members are required to recruit as students for HS/DA program those competent but non-credentialed persons working in Drug Abuse facilities. Programs can enroll other interested persons but the target population has been distinctly identified. The best method of recruiting students from the facilities is to work through the administrative organization of the local (county) Drug Abuse agency. If the local agency receives funds from NIDA, a letter from NIDA encouraging local support for the HS/DA program will be helpful in initiating interaction (Appendix E, pp. 38-40). In reality, almost all of the PM's tasks mentioned thus far have a relationship with student recruitment: derivation of PM goals; college-wide unification of an HS/DA effort; non-traditional delivery of instruction and awarding of credit; composition and functions of the advisory committee; selecting a site for a model HS/DA program; articulation agreements with upper division institutions in the locale; liaison with the Single State Agency, and local Drug Abuse agency and facilities and other project/program-related agencies in the community; and employment opportunities in the vicinity. Undoubtedly, the success of an HS/DA program is dependent upon the actions of the Program Manager.

APPENDIX A

THE CONSORTIUM

Pages 1 through 7 of Appendix A containing meeting agendas and lists of meeting participants have been deleted due to irreproducibility

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

8

September 17, 1976

Letter to Consortium Members:

Dear Colleague:

We have received word that funds for the Human Services/Drug Abuse consortial effort will not be forthcoming as expected from the National Institute on Drug Abuse (NIDA). This decision was totally unexpected and contrary to all previous communications from the agency (NIDA).

Contributing to this decision, we assume, were a host of factors including unanticipated expenditures by HEW, inflation, reduced appropriations to NIDA and the fact that this is an election year.

The efforts and accomplishments of the consortium to date were duly reported to NIDA and were very favorably received.

The project staff at Miami-Dade Community College will continue to maintain contact with the appropriate personnel on your campus as we continue this year to develop locally a preliminary model for the Human Services/Drug Abuse program. We will continue to disseminate all materials developed for your consideration until such time as funds will be available to resume consortial efforts.

This action should not preclude your submitting a proposal to NIDA immediately as previously outlined, the effective date being the Fall of 1977. Pending the approval of your college proposal, all curriculum and consortial efforts will be resumed.

Sincerely,

James E. O'Connor

James E. O'Connor
Project Director
Human Services/Drug Abuse Project

An Equal Opportunity Employer

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

September 9, 1976

Cuyohoga	Bob Parilla and Don Hoyt
Denver	John Swenson and Martin Van Dyke
El Paso	Jose Rivera and Romeo Di Benedetto
Essex	Bob Adubato
Mercer	Bill Gall and Bob Bolge
Peralta	Nancy Tapper and Michael O'Carroll
St. Louis	Sam Stone and Kathryn Nelson

Dear Colleagues,

As mentioned in an earlier letter, NIDA has requested that each consortium college submit a project related proposal before October 1, 1976 for which the anticipated effective date would be the suggested program-delivery date of Fall Term, 1977. Accompanying this letter is the promised discussion draft of the sample proposal which you can use as a writing guide. Although the proposal sets forth general program parameters, I am certain you will elect to tailor the document to accurately reflect the implementation of the program at your institution. I hope the availability of the sample proposal will simplify your writing task and alleviate the impact of the time-constraint under which we are operating.

Miami-Dade administrative persons are discussing the draft-proposal with NIDA officials, and CHS/CDC staff members in Washington, D. C., this week. We will inform you by telephone of any proposal modifications suggested at the meeting. At the same meeting, possible sources of supplemental funds to provide for maintenance of the national consortium and cooperative curriculum development during the interim year, 1976-77, will be explored. We are looking for a financial commitment from NIDA beginning October, 1976.

I plan to begin mailing your copies of the first-year report tomorrow. We believe the report accurately reflects our collective consortial and curricular accomplishments during the past year and implies those tasks remaining. We would appreciate knowing your reactions to the document.

At the conclusion of the modification/institutional review/writing/period -- which will hopefully be brief -- please plan to have your discussion-draft of the proposal for the Fall Term, 1977, into Dr. Mitchell's office prior to October 1, 1976. His address is:

Dr. Lonnie E. Mitchell
National Institute on Drug Abuse
Chief Manpower and Training Branch
11400 Rockville Pike
Rockville, Maryland 20852

If you have any questions, please call us at our new phone number or write to us at our new address.

(305)596-1330 or 1331

Miami-Dade Community College
Occupational Development Room 2147
Human Services/Drug Abuse Project
11011 S. W. 104 Street
Miami, Florida 33176

Sincerely,

James E. O'Connor

James E. O'Connor
Project Director

eh

enclosure

IMPLEMENTATION AND
CONTINUING DEVELOPMENT
OF AN
EXTERNAL ASSOCIATE'S DEGREE PROGRAM
IN
HUMAN SERVICES/DRUG ABUSE

Contact Person:

Name of Person Submitting Proposal
Title
Phone Number

Name of Your Institution
Address of Your Institution

I. BACKGROUND INFORMATION

This institution was invited by Miami-Dade Community College (M-DCC) early in 1976 to participate in a national project funded by the National Institute on Drug Abuse (NIDA). The project was concerned with cooperatively designing external associate's degree programs in Human Services with emphasis upon Drug Abuse. Three obligations associated with the design phase of the project were: preliminarily organize the eight-college national consortium, prepare a curriculum model, and explore methods of delivering the program externally. It is our understanding that NIDA is searching for supplemental monetary resources to provide for continued maintenance of the national consortium and cooperative curriculum development during the second year of the project, 1976-1977, which will be concerned specifically with completing the design phase and beginning the development phase. This proposal applies to the third year of the project which deals with the implementation phase of the program starting Fall Term at our college.

II. THE NEED

The need for the establishment of a Human Services program for substance abuse workers is urgent. Many of the older substance abuse centers are staffed by mature personnel with a sparse formal education who are nevertheless functioning at a high level of professionalism. Unfortunately, because they have no credentials to substantiate their competency level they are frequently employed at minimal salaries. For these persons, again because they are non-credentialed, their current status is an occupational dead-end. They cannot be located in other Human Service areas within the community. Further, the question of credentials is being increasingly raised by third-party payees and therefore even their current occupational status is imperiled. Our consortium will begin to resolve the credentials problem and therefore, broaden career opportunities for such personnel.

The president of our institution has written a letter to the coordinating institution stating our interest in the project and implying our willingness to participate cooperatively in the design, development and implementation phases of the national project. Our institution has among its staff members the experience, talent, facilities and communication skills needed to aid in making this collaborative project a milestone in higher education and certainly of significance nationally. The need for this program is well within the educational mission of this college, and we invite the opportunity to aid NIDA in its effort to arrange a quality educational experience for those persons without credentials working in the network of drug abuse treatment, rehabilitation, and prevention facilities in our locale.

III. TARGET POPULATION

If our program is to be successful, we must recognize that it is intended for a quite unique student consumer; a consumer whose experiences have been such that his trust in the value of traditional education and its practitioners has been seriously eroded. Personnel, procedures, and teaching strategies -- satisfactory for more orthodox students -- will only serve to enhance this student's alienation from the educational establishment.

What follows is an attempt to provide some assistance in anticipating the kind of student who will enroll in our program and to insure that the product that we develop is compatible to his unique needs. Our "Anticipation Guide" is based on the use of Experiential/Personality factors. The compilation of these factors is based on the Marjorie Webster experience in educating Human Services/Drug Abuse workers and conversations with officials of NIDA. Samplings of the experiences of professional educators in other metropolitan areas lead us to believe that our compilation possesses sufficient general reliability for our consideration while at the same time recognizing that not all students will possess all of these factors. Some may possess none of them; others perhaps two or three. We believe, however, that a sufficient number of our student clients will have a sufficient number of these factors to justify their consideration in the product that is to be derived from our collective efforts.

1. Our students will be full-time employees of drug rehabilitation treatment, rehabilitation, or education programs.

2. Our students will be entering our program either to maintain their current employment status, or to acquire credentials necessary for their career advancement.

3. Our students will be older than the average community college student.

4. A significant number of our students will either have a history of incarceration and/or a negative impression of the criminal justice system.

5. A significant number of our students will be familiar with the dynamics of human behavior, but lacking in the technical and academic jargon to explain it.

6. A significant number of our students will be from racial or ethnic minorities.

7. A significant number of our students will be wise in the ways of the street, but short on formal academic training.

8. A significant number of our students will be part of or emerging from a social environment that has provided maximum individual emotional support.

IV. RATIONALE

Since this college was invited to join the consortium, we obviously met the selection criteria derived cooperatively by NIDA, the Center for Human Services (CHS), the Career Development Center (CDC) and M-DCC. Those criteria were:

1. Have an "Open Door" policy.
2. Be accredited by one of the six regional accrediting associations.
3. Have used "Open Learning" courses.
4. Have cooperated with national "Open Learning" projects.
5. Have large enrollments (over 10,000 students).
6. Be located in large metropolitan areas.
7. Be located near a Regional Training Center.
8. Have adaptable "Open Learning" courses to share.
9. Be receptive to the external degree concept.
10. Have an upper division institution in the region to which students may transfer credits earned in this program toward a Bachelor's Degree.
11. Be acceptable to the funding agency or its designee.
12. Agree to design the program to generate FTE so that the program will be self-supporting at the conclusion of the funding period.
13. Be committed to the expansion of the national consortium to include other select institutions in designated areas of the country.
14. Should be acceptable tc the American Association of Community and Junior Colleges (AACJC).

We have successfully met our past design phase obligations, expect to meet development phase obligations, and therefore are uniquely qualified to meet the objectives of the implementation phase. In addition, survey information included in the first-year report of the project, indicated that we have the necessary capabilities for delivering the program. We expect the program to enrich our curriculum, broaden staff perspectives, and enable us to deal more effectively with student and community needs.

V. PROJECT OBJECTIVES.

1. To create a project staff to effectively manage the program.
2. To utilize current results from competency and credentialling studies in developing a quality educational program.

3. To complete the development of second and third semester program materials.

4. To participate in the cooperative development of program materials common to the consortium colleges.

5. To develop program-related materials unique to this institution.

6. To make every effort to enroll 50 qualified students who meet agreed-upon admission criteria.

7. To award credit for life experience and arrange for credit by exam.

8. To offer the program via a delivery system that is as flexible as institutionally possible.

9. To offer the first and second semesters of the program during the school year.

10. To participate in the revision of program materials following initial use.

11. To participate in national consortium meetings as needed and national curriculum development meetings.

12. To cooperate in articulation efforts with upper division degree-granting institutions.

13. To submit brief monthly progress reports to NIDA and M-DCC.

14. To utilize the support services provided by CHS, CDC, and state and regional agencies and affiliates of the NIDA system.

VI. MAJOR EVENTS

The following is a generalized list of events of major consequence that will occur one or more times during the project/school year. Specific dates, locations, and durations and other details can be developed to illustrate integration of the institutional calendar year and program events with CHS and CDC events, M-DCC coordinating events, and NIDA events related to the project.

1. Utilize the results of the development phase recruitment efforts coordinated by CDC.
2. Update the institutional-project reference literature and media resource libraries primarily with the assistance of CDC.
3. Utilize the support service of CHS, CDC, NIDA, and others as needed.
4. Create and locate the project staff.
5. Complete the program activities schedule for this project year.
6. Arrange and schedule all seminars and practica for the program.
7. Enroll students.
8. Offer the first two semesters of the program.
9. Develop, utilize, and revise program materials.
10. Produce supplementary audio-visual materials for the program.
11. Attend national consortium and curriculum meetings convened by M-DCC.
12. Arrange for periodic visitations by M-DCC project staff, CDC personnel and NIDA officials, and/or designees.
13. Submit progress reports.

Some of the preceding major events will follow procedures formulated by the consortium representatives while others will essentially follow established procedures at our institution.

VII. PERSONNEL

The program staff will be composed of three persons.

Program Manager

This person will possess:

1. the capability of lending necessary emotional support to participants in the program;
2. a student-oriented teaching philosophy;
3. a broad academic background, especially in the area of the social and behavioral sciences;
4. a history of human service involvement;
5. contacts with community human services agencies and personnel;
6. broad contacts throughout the academic community;
7. a willingness to support every aspect of the program;
8. a superior ability to communicate;
9. a commitment to punctuality and professional responsibility; and
10. a concern for detail, and accurate records.

The Program Manager will have several major duties. The Program Manager will be:

1. the academic counselor for all student participants;
2. an academic coordinator;
3. an academic negotiator;
4. a provider of emotional and intellectual support for his students; and
5. responsible for the development of program materials.

Secretary

This person will function as the project assistant and will possess the following experiences and responsibilities and skills.

1. Is familiar with institutional forms and procedures.
2. Has worked with administrators, faculty, and students.

3. Assists with the setup and operation of conferences, meetings, workshops, and clinics.
4. Makes travel arrangements for program staff.
5. Has been associated with curriculum developers and writers.
6. Maintains routine general office and program budget/accounts.
7. Sets up and maintains a complex cross-index filing system.
8. Takes information rapidly and accurately by some speedwriting or shorthand system.
9. Types rapidly and accurately.
10. Composes responses to correspondence.
11. Has good telephone voice and manner.
12. Prepares accurate verbatim transcriptions from audio-tape recordings.
13. Is familiar with educational media-related departments of the institution.
14. Can become completely familiar with all aspects of the program.
15. Assists with program related promotional and recruitment efforts.

Student Assistant

This person will perform minor clerical and typing duties associated with the program.

VIII. EVALUATION

Throughout the project year the development and implementation aspects of the program will be subjected to periodic monitoring in the following ways.

1. Brief monthly progress reports will be submitted to NIDA and M-DCC to assure adherence to project work plans and time lines.
2. A year-end report of the project will be submitted to NIDA.
3. Visitations will be conducted by NIDA, CDC, and M-DCC.
4. Program materials will be subjected to a revision process.

Preliminary analyses conducted during the design phase have indicated that the development process will result in the creation of supplemental modules and possible new courses. Therefore, a keen eye will be directed at identifying and preparing high quality and marketable program materials to generate revenue for the project and to distribute to colleges joining the consortium during the expansion phase.

IX. BUDGET

A. Personnel	
1. Program Manager - 100%	$22,500
2. Secretary - 100%	7,000
3. Student Assistant - 50%	2,000
B. Fringe Benefits @ 20% of Salaries	5,900
C. Consultants	1,000
D. Travel	1,500
E. Rentals	250
F. Printing	1,500
G. Supplies and Materials	3,500
H. Communications	600
I. Miscellaneous	250
TOTAL DIRECT COSTS	46,000
INDIRECT COSTS @ 8%	4,000
GRAND TOTAL	$50,000

INTERIM - YEAR
CONSORTIUM MAINTENANCE AND PRODUCT DEVELOPMENT

HUMAN SERVICES/DRUG ABUSE PROJECT

PROPOSED BY
OCCUPATIONAL DEVELOPMENT
PROJECT STAFF
SEPTEMBER, 1976

RATIONALE

The Human Services/Drug Abuse project staff has reached the conclusion that our consortial hopes may undergo a continuous reduction in credibility unless some means can be found to continue the cooperative efforts begun with our sister colleges. Beginning with the first consortium meeting on March, 1976, in Washington, D. C., officials from the National Institute on Drug Abuse (NIDA) conveyed the impression that our collective efforts were of high priority and that sufficient funds could be available to complete our collective task. This air of optimism continued until September, 1976. While it is true that no specific commitments were made by any Miami-Dade representative, the Project Staff may have reflected the optimism radiating from NIDA sources. Therefore, major purposes of the proposal to follow, are to reinforce project credibility, and continue our cooperative efforts.

If the consortium is to retain viability, minimum funding of collective activities is essential. We believe that the proposal to follow is one that assures maximum collaboration at minimum cost. This proposal requires no payments to participating institutions, but does require the utilization of specific personnel at selected institutions for specific purposes. Individual participants would be compensated for measurable curricular input. The institutions would be involved through a single meeting of administrators in 1977 and through written communications with this office.

The proposal that we are offering is designed to be completed by June, 1977. Consortium financial maintenance, beginning in the Fall of 1977, will be dependent upon NIDA's approval of the coordination-proposal submitted by Miami-Dade, and the member-proposals submitted by implementing institutions.

PROPOSAL

To achieve the above ends, we need to obtain commitments to underwrite the expenses for the following activities:

I. A meeting of all consortium decision-makers in Denver, Colorado, to coincide with the American Association of Community and Junior Colleges' (AACJC) national convention in April, 1977. The fact that participants to this conference will already be in the host city will significantly reduce the cost of this meeting. This conference would be devoted to formalizing the governance structure of the organization and spelling out the obligations and benefits to be derived from such an association. It is hoped that Dr. Mitchell would address the group and inform them of the possibility of future NIDA fundings, and the status of the individual proposals submitted by member institutions.

II. The appointment of a Program Manager for the Miami-Dade "model" effort. This appointment should be made effective Winter term, 1977. If the program is to be successful at Miami-Dade, it is crucial that the manager share a proprietary interest in the product to emerge. In addition to providing the implementer's input into the program to be managed, this person will assist the Project Director and Academic Coordinator in the editorial chores associated with item three, and will have major responsibility for the development of course-adjunct-materials to be used at Miami-Dade. A significant portion of the Program Manager's time, particularly in spring and summer, will be devoted to familiarization with Human Services/Drug Abuse facilities in Metropolitan Dade County and in student recruitment activities.

III. Develop, in conjunction with selected personnel from the consortium, the following instructional materials:

A. A text tentatively titled An Introduction To Human Services.

B. A series of modules capable of meeting the textual needs for a course in Chemical Substance Abuse. This endeavor would be tentatively titled Chemical Substance Abuse In America.

Item "A", An Introduction To Human Services, would go far in meeting a definite consortial need. The proposed text will be designed to:

1. identify the major competency needs of generic human service workers;
2. be consonant with the goals and objectives stated in the program development guide;
3. be oriented from an integrated social science perspective;
4. meet the needs of both occupational and transfer Human Service programs; and
5. include sufficient measurable activities that would permit its use as an external instructional device.

Among the Chapters in the text, the following are suggested:

1. Evolution of the Human Service Concept
2. Roles and Functions of the Human Services Worker
3. Human Services and the Social Sciences
4. The Impact of Technology on Society and the Individual
5. Understanding the Community
6. Assessing Community Needs
7. Understanding the Client
8. Assessing Client Needs
9. Preparing Case Write-ups
10. Financing Human Services Endeavors
11. Managing Human Services Facilities
12. Coordinating Activities Within the Agency and Among Other Agencies
13. Relating Agency Efforts to the Community
14. Ethical and Legal Considerations for the Human Services
15. Emergency Procedures Required of the Human Services Practitioner
16. Keeping Abreast of Developments in the Human Services Field
17. The Future of the Human Services Industry

A fuller tentative topical chapter listing should emerge after our conferences with field experts.

Item B, Chemical Substance Abuse In America, would go, we anticipate, a long way toward fulfilling the specialized track needs of our Human Services/ Drug Abuse program. This instructional package will be a series of several modules that could either be used collectively as a major text in a substance abuse course, or separately as components of several courses. The content for this product would be derived from existing National Drug Abuse Center

(NDAC) and public domain materials. The editorial function for this effort would be performed by the Miami-Dade staff and one substance abuse specialist from the consortium.

CONCLUSION

If this proposal is accepted we will aid in:

A. maintaining consortial ties at a minimal cost;

B. involving personnel from participating colleges in the creation of nationally useful instructional materials;

C. furthering the consortium commitment to the ideal of achieving unity through diversity;

D. restoring the credibility of the national project;

E. recognizing the credentialing needs of Human Services/Drug Abuse personnel; and

F. filling present educational and occupational voids.

INTERIM
PROJECT YEAR
DESIGN/DEVELOPMENT PHASES
OCTOBER, 1976 - JULY, 1977

PERSONNEL

Project Director
Academic Coordinator
Secretary
Part-time typist--to be employed during the preparation of print materials.
M-DCC Program Manager--assigned to project effective January, 1977.
Drug Abuse Compiler/Editor--surveys related print available from public domain, structures and organizes modules, writes continuity, edits selected print, devises and/or edits related learning activities, includes literature citations, and compiles bibliographies and glossaries.
Human Services/Book/Chapter Writers--the book will contain approximately 20 chapters. In addition to writers drawn from the consortium, we envision using practitioners from the Human Services field as well as other professionals. Some chapters and the introduction will be authored by the project staff. Appropriate learning activities and glossaries will be included with each chapter. Consultative expertise for chapters will be provided by NIDA, CHS, CDC and NDAC.

GENERAL OPERATIONAL NEEDS

Production of Program Materials--There is a need to produce instructional materials for the Program Manager to utilize during a Fall Term implementation. The video cassette programs would be available to consortium institutions.
Supplies and Materials--There will be purchases of general office materials, educational materials for the reference library, program related mediated instructional materials and cassette blanks.
Printing--Program related instructional materials will be printed for utilization

at M-DCC and to distribute to participating consortium colleges. Communications-There will be a need to communicate frequently by phone and mail with the writers/editor and consortium members.

PROJECT EVENTS AND ACTIVITIES-A description of major events for the interim-year of the project and specific activities associated with those events follows:

November, 1976-Writers/Editor Meeting-This meeting will be attended by writers of the Human Services book/chapters and the compiler/editor of the Drug Abuse Modules. The purpose of the meeting will be to explain the nature of the project, to establish the writing format, to delegate assignments, to establish the work-plan and time-line, and to obtain chapter outlines from the chapter writers.
December, 1976-Drug Abuse Writers Meeting-This meeting will be attended by the Drug Abuse Compiler/Editor and two project staff who will meet with personnel from NIDA, CHS, CDC and NDAC to select print for inclusion in the Drug Abuse Modules.
January/February, 1977-Institutional Visitations-Two project staff will conduct split-route visitations to home campuses of writers/editor participants to: monitor on-going writing activities; provide editorial assistance; secure materials necessary to complete writing tasks; act as an intermediary for NIDA, CHS, CDC and NDAC specialists; assure adherence to work plans and time-lines; and to assure writing integrity and continuity. Status reports will be provided upon completion of the visitations. Input will be solicited.
March, 1977-AACJC Presentation and Consortium Meeting-Two project staff will be presenters at the AACJC Nation Convention in Denver, Colorado. M-DCC administration will coordinate the project with appropriate AACJC staff persons. Consortium college administrative representatives will ratify agreements and formalize the consortium. Decisions will be made concerning a governance frame-work, responsibilities of member institutions and the coordinating institution, regulations for admittance and withdrawal of members, and other pertinent matters.
March/April, 1977-All writing/compiling will be completed in early April.
April, 1977-Materials Review Meeting-Project staff meet with representatives of NIDA, CHS, CDC, and NDAC to review the Human Services book and the Drug Abuse modules prior to final editing and typing.
April/May, 1977-Editing and typing of all print materials.
May, 1977-Project staff makes presentation at the National Drug Abuse Conference in San Francisco concerning all curriculum development accomplishments of the consortium.
June, 1977-Print materials and video cassette programs completed.

Revised
2/25/77

RESULTS OF HUMAN SERVICES/DRUG ABUSE PROPOSAL STATUS SURVEY

	Miami-Dade Community College	Essex County College	Mercer County Community College	St. Louis County Jr. College District	Community College of Denver	El Paso Community College
1. Submitted draft mini-proposal to NIDA in Oct. '76?	Yes	Yes	Yes	Yes	No	No*
2. Received official NIDA proposal kit?	No**	No	Yes	Yes	Yes	No
3. Rewrote and resubmitted mini-proposal to NIDA?	N/A	No	Yes	No	Yes***	No
4. Date of resubmission?	N/A	N/A	9/29/76	N/A	10/7/76	N/A
5. Will share copy of resubmitted mini-proposal?	Yes	Yes	Yes		No	Yes
6. Presently involved in official NIDA proposal review process?	No	No	No	No	Yes	No
7. NIDA review stages completed?	N/A	N/A	N/A	N/A	Several	N/A
8. Have reviewers requested proposal modifications?	N/A	No	N/A	No	Not Yet	No
9. What proposal modifications were requested?	N/A	N/A	N/A	N/A	N/A	N/A
10. Funding date suggested?	None	None	None	None	7/1/77	None

*El Paso's administrative reorganization delayed submission.
**They are en route.
***Submitted a full blown proposal as suggested by NIDA.

MEMORANDUM

April 14, 1977

TO: Collegiate Representatives

FROM: Miami-Dade Project Staff

SUBJECT: INSTITUTIONAL RESPONSIBILITIES

The contents of this memorandum represent the views of the National Institute on Drug Abuse. Heretofore we have referred to our collaborative efforts as a "consortium." For some this term had implications of a highly structured, formalized organization possessing both a constitution and by-laws. Because of such implications past meetings of administrative personnel from participating colleges have, we feel, resulted in unnecessary considerations of the mechanics of the organization. To avoid further pursuit of such fruitless discussion, it was determined to dispense with the use of the term "consortium" and to declare the existence of nothing more than a Collegiate Confederation. This term, we feel, conveys the recognition of each institution's retention of absolute academic and administrative sovereignty. While institutional autonomy will not be compromised by this loose confederation, there are several obligations that each grant recipient assumes to the National Institute on Drug Abuse (NIDA).

NIDA's interest in this collaborative effort is to provide for a more national, integrated training and educational program designed to meet the needs of substance abuse workers, present and future. The program devised will meet the emerging credentialing needs of Human Services/Drug Abuse entry level personnel. To meet these ends, each institution agrees to:

1. offer a broadly transferable non-traditional program in the area of human services/drug abuse;
2. meet learning goals and objectives agreed upon by the membership and accepted by NIDA as meeting the generic human services and specific chemical substance abuse needs of currently employed and entry-level human services/drug abuse workers;
3. participate in the development of instructional materials designed to meet this end;
4. to utilize instructional materials developed and produced to meet common instructional needs;
5. to establish liasons with NIDA approved substance abuse treatment facilities;

6. to deliver educational services in such manner that meets the credentialing, educational, and training needs of workers and agencies;

7. to utilize, within the limits of institutional capability, personnel from approved treatment agencies as adjunct faculty for both instruction and field experience supervision and evaluation; and

8. to utilize resource personnel available in NIDA approved treatment facilities in the evaluation of instructional materials and strategies.

The selection of participating colleges was predicated on the belief that each institution in the confederation possessed special skills, talents, and capabilities that could be utilized in translating NIDA's national educational and training goals into reality. We see each component of the collegiate confederation functioning as follows:

Miami-Dade Community College - responsible for:

1. specifications for curriculum development;

2. development of text, generic and specific, for lower and upper division use;

3. up-dating and revising all text materials;

4. production, marketing and distribution of curricular products of each institutional participant;

5. providing educational services to substance abuse workers; and

6. establishing linkage with local approved substance abuse service providers.

Community College of Denver - responsible for:

1. development of modular curricular/instructional units based on Miami-Dade specifications or text materials;

2. providing educational services to substance abuse workers; and

3. establishing linkage with local approved substance abuse service providers.

Whatcom Community College - responsible for:

1. developing a means of evaluating prior learning using the Miami-Dade produced materials as the basis for establishing criteria;

2. developing a means for the utilization of Miami-Dade produced and other educational materials in an external delivery mode;

3. providing educational services to substance abuse workers; and

4. establishing linkage with local approved substance abuse service providers.

Essex County Community College - responsible for:

1. developing criteria and procedures for the assessment of field work/practicum experience (including the use of existing facility job as practicum/field work experience);

2. providing educational services to substance abuse workers; and

3. establishing linkage with local approved substance abuse service providers.

El Paso Community College - responsible for:

1. adaptation of curricular materials to meet the distinctive cultural needs of an Hispanic population;

2. the translation of educational materials into Spanish;

3. providing educational services to substance abuse workers; and

4. establishing linkage with local approved substance abuse service providers.

Cuyahoga Community College - responsible for:

1. supplementing Miami-Dade produced materials to reflect the unique needs and problems of black Americans and mass production workers;

2. providing educational services to substance abuse workers; and

3. establishing linkage with local approved substance abuse service providers.

If the delineation of special functions meet with your approval, please include them in your proposal to our office. If the special functions are not in accord with your institutional capabilities or inclinations, you will have an opportunity to discuss your ideas of a more appropriate role for your institution at our Monday, April 18, meeting.

sp

cc: Dr. Robert H. McCabe
Dr. George Mehallis
Dean Horace Traylor

AACJC NATIONAL CONVENTION
Denver, Colorado
April 17-20, 1977

Human Services/Drug Abuse Project
Consortium Meeting III
Denver Convention Complex
Monday, April 18, 1977
Room 1F, 4:30 p.m. - 5:30 p.m.

The objectives for the meeting are:

1. to discuss the general obligations and unique contributions to be proposed to the National Institute on Drug Abuse (NIDA) by each college;
2. to disseminate NIDA Training Kits;
3. to establish a proposal submission date;
4. to approximate a funding level; and
5. to determine the earliest Notice of Grant Award (NGA) date.

The following persons are planning to attend:

National Institute on Drug Abuse	Dr. Lonnie Mitchell	Executive Tower Inn (303) 571-0300
Center for Human Services	Dr. Stephen Plumer	
Miami-Dade Community College	Dr. George Mehallis	Holiday Inn (303) 573-1450
	Mr. James O'Connor Mr. Joseph Olson	Cosmopolitan (303) 623-2181
Essex County College	Dr. Robert Adubato	Radisson Hotel (303) 292-1500
Community College of Denver	Dr. Mitchell will invite a representative.	
Whatcom Community College	Dr. Marvin Vasher	Four Winds Motor Hotel (303) 893-0600
El Paso Community College	Mr. Jose Rivera	
Cuyahoga Community College	Dr. Charles Kinnison	High Rise Motor Inn

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

May 3, 1977

Composite letter to:

Cuyahoga Community College - Dr. Robert Parilla and Mr. Charles Kinnisen
Community College of Denver - Dr. Martin Van Dyke
El Paso Community College - Mr. Jose Rivera
Essex County College - Dr. Robert Adubato
Whatcom Community College - Dr. Marvin Vasher

By now you should have received your NIDA Training Kit from Dr. Mitchell's office. If not, please call him at (301) 443-6720 and let him know. You should have started working your way through the kit as it is rather comprehensive and time consuming. Our institutional Development Office will be assisting us with the preparation of our proposal. If you need technical assistance from outside your institution, Dr. Steve Plumer (301-340-1552) mentioned in Denver that he would be willing to arrange aid.

We are providing you with the completed portions from the preliminary draft of our proposal which we know to be necessary for your proposal preparation. If any of the information appears obscure or confusing, give us a call and we will be happy to talk it down.

We tried to predict, as closely as possible, project costs associated with "commons" and "unique" materials design, development, production, and distribution. We did notice that El Paso, due to its language translation charge, may need to consider very carefully specific costs when preparing its proposal to NIDA. In all other cases, we should be able to accomplish, without undue hardships, our collective and individual tasks.

We will be sending additional information concerning our proposal as it is completed. However, the information supplied with this communique should provide sufficient aid to you for your June 1, 1977 proposal submission deadline needs.

We have also extracted a comparative budget, general/Miami-Dade Community College for program management cost estimates, from our comprehensive budget. Once again, if you have any questions, give us a call. It was really nice seeing all of you again in Denver.

Sincerely,

James E O'Connor
J L Olson

James E. O'Connor, Project Director
Joseph L. Olson, Academic Coordinator
Human Services/Drug Abuse Project

cc: Dr. George Mehallis
Dean Horace Traylor
Dr. Lonnie Mitchell
Dr. Hyman Frankel
Dr. Steve Plumer

Attachment

JO/sp

An Equal Opportunity Employer

HUMAN SERVICES/DRUG ABUSE PROGRAM MANAGEMENT

First Year (77-78) Comparative Budget

Cost Categories	General	M-DCC
Program Manager 100%	$25,000	$23,000
Secretary 100%	8,000	8,000
Fringe Benefits @ 20%	6,600	6,200
Consultants	2,500	2,500
Travel		
In-County	1,000	1,000
Out-of-County	500	500
Instructors from Facilities (P/T)	1,500	1,500
Supplies and Materials	1,000	1,000
Miscellaneous	1,000	1,000
Direct Costs	$47,100	$44,700
Indirect Costs @ 8%	3,768	3,576
GRAND TOTAL	$50,868	$48,276

Pages 33 through 36, containing three letters related to the project application, were deleted due to irreproducibility

APPENDIX B

PROGRAM DESIGN AND DEVELOPMENT

FIRST DRAFT

ASSOCIATE DEGREE PROGRAM IN HUMAN SERVICES 11/19/75

First Semester

MDCC NOMENCLATURE		PROGRAM GOALS
SSS 101	Social Sciences	1, 3, 4, 8
PSY 211	Introduction to Pyschology	6
MAT 201	General Education Mathematics	1
ENG 120	English Composition	1, 5
HSC 101	Ascent of Man	1
or		
BIO 100	Fundamentals of Biology	1, 10 (with some modification to include physical consequences of substance abuse)
HUM 201	Art and Music	1

Second Semester

SSS 102	Social Science	1, 4, 8
PSY	Physiological Psychology	6, 10 (this course currently under development at North Campus, MDCC)
HUM 202	Philosophy and Drama	1, 14
SOC 201	Introduction to Sociology	8, 11
ENG 121	English Composition	1, 5

Third Semester

PSY 241	Human Growth and Development	13 (should be modified to provide for greater depth in adolescence -- the time of contact for abused substances)
SOC 202	Introduction to Sociology II	2, 11
or		
SOW 270	Field Experience in Human Service	2, 11

SOC 210	Social Problems	3, 4, 8
SOW 201	Introduction to Social Work	3, 4, 9, 14
ANT 220	Introduction to Cultural Anthropology	4

Fourth Semester

SOP 201	Social Psychology	4, 6, 11
SOC 220	Marriage & Family	12
HIS 206	Afro-American History	7 (courses relevant to minorities of participating institutions)
or		
HIS 219	History of Cuba	7
SOW 270	Field Experience in Human Services	2, 11
or		
SOW 271	Field Experience in Human Services	2, 11
SOC 298	Social Statistics	8 (this course is offered at MDCC on experimental basis. It is required of all social services candidates at Florida International University. The only other statistics course is offered through the math department and would be too difficult for external degree students.)

NOTE: This program consists of 60 semester hours, the minimum required for an AA degree. Would suggest that: (1) a course specifically related to substance abuse (perhaps 2 hours) or (2) the SSS 101 and SSS 102 courses each contain a module on substance abuse. These modules or new course would include: (1) History of Substance Abuse and (2) Substance Abuse, the Individual, Society, and the Law.

A PRELIMINARY WORKING SET OF PROGRAM GOALS

The Goals of the Program are:

1. to provide students with the same general education requirements as required of all transfer students in the participating institutions;
2. to provide college transfer credits for on-going work experiences that are program related;
3. to provide the student with an understanding of the functions and interrelatedness of society's institutions;
4. to enhance the students' appreciation of culture, to recognize its relativity and its role in shaping individual and collective behavior;
5. to improve basic communication skills; with an emphasis upon writing ability;
6. to enhance the students' understanding of personality development;
7. to enhance the students' understanding and appreciation for cultural orientations and behavioral dynamics in the community.
8. to provide opportunities for the student to formulate an analytical framework for examining contemporary social issues;
9. to enhance the students' understanding of the scope and function of human services;
10. to enhance the students' understanding of substance abuse;
11. to enhance the students' understanding of group dynamics and effective group facilitation;
12. to enhance the students' understanding of the role of the "family" in personality development;
13. to enhance the students' understanding of the wide spectrum of human maturation;
14. to enhance the students' understanding and appreciation of professional ethics related to human services.

LEARNING MATERIALS PROVIDED TO CURRICULUM DEVELOPERS BY THE NATIONAL DRUG ABUSE CENTER

NTC 07-13 (RTMC) Trainer Manual
NTC 07-00 (RTMC) Participant Notebook
NTC 02-14 (MTMC) Simulation Materials
NTC 02-03A (MTMC) Pharmacology Audio Cassette
NTC 02-06A (MTMC) Quality Client Service Audio Cassette
NTC 02-06S (MTMC) Quality Client Service Summary (Slide Presentation)
NTC 06-00 (MADWY) Trainee Manual
NTC 06-13 (MADWY) Trainer Manual
NTC 06-14 (MADWY) Simulation Materials
NTC 04-04V Legal Issues (Video Tape)
NTC 04-05V Values and Attitudes (Video Tape)
NTC 04-05S Drug Abuse: A Social Problem
NTC 11-13 (TOT) Manual for Course Delivery
NTC 03-002 Legal Issues
NTC 03-003 Suicide Intervention
NTC 03-004 Psychosis
NTC 02-002 Task Analysis as a Management Tool
NTC 02-021 Making Small Groups Work
NTC 01-08V Lov-A-Fair

SAMPLE MASTER LIST OF NIDP GOALS AND OBJECTIVES (INCLUDING RESTATEMENTS)

1. Introduce students to group processes and techniques and enable students to apply them in their own programs. I-80.
2. Strengthen the student's understanding of drug abuse historically in the U.S. and its effect on the establishment of goals and objectives in drug programs. I-80.
3. Broaden the student's knowledge of drug treatment modalities and pharmachology. I-80
4. Develop an understanding of the processes of program development, budget acquisition, funding and community organizing, and of organizational concepts-structural and behavior. I-80.
5. Facilitate the student's understanding of the development, structure, and function of groups. I-81
6. Discuss and examine various approaches to understanding group behavior and its effect on drug programs. I-81.
7. Differentiate between various group processes as a counseling technique. I-81
8. The student will be able to describe the principles of group dynamics, including trust-mistrust, cooperation-competition, dependence-independence. (3 hours) I-83.
9. The student will be able to demonstrate a working knowledge of basic terminology and concepts of the group processes listed under content. I-84
10. The student will be able to identify criteria for classifying types of groups. I-84.
11. Students will be able to briefly trace the development of group processes from the initial work of Kurt Lewin in 1947 to the present. I-85.
12. The student will demonstrate sufficient internal control to plan, develop, and implement his own research project on group processes. I-85
13. Define McGregor's X and Y personality as an early interpretation of personality types as an example of using a correlated study as to cause and effect. I-86
14. Recognize and describe examples of communication networks and how they relate to social power. I-86

SAMPLE

SAMPLE

15. Identify four problems in communication (perceiving, transmitting, receiving, and use of semantics) and cite examples of each. I-87

16. Define and differentiate between covert and overt behavior. I-87

17. Identify indicators of conflict in groups. (2½ hours) (Useful only for specific therapeutic purposes.) I-88

18. The students will experience and be able to discc the communication process and problems in team building activities which they experience during this session. I-89

19. Orient the student to the historical and present-day use of drugs. I-140

20. Introduce him or her to psychological implications of and rationales for drug use (such as Weil's theory on "altered states of consciousness.") I-140

21. Familiarize students with the history and origins of hard drugs in the United States. I-140

22. Draw cause-effect relationships between trade expansion and drug use prior to the 20th century. I-140

23. Point out the Federal legislation enacted since 1900 and its impact on drugs and drug abuse. I-140

24. Students will be able to compare the use of drugs in a pre-literate cultural setting and in a modern culture. I-143

25. Identify and discuss at least two issues related to the use of drugs, supporting Andrew Weil's theory on "altered states of consciousness" as a rationale for drug use. I-144

26. List four classes of hard drugs introduced into the U.S. before 1900 and identify inventor/discoverors. I-144

27. Identify at least three specific drug laws and discuss rationale for each. I-146

28. Define overt racism and covert racism and explain the differences between the two. I-147

SAMPLE

SAMPLE HUMAN SERVICES/DRUG ABUSE ANALYSIS SHEETS

CODE CATEGORIES:
A = Currently incorporated in course
B = Could be incorporated in course
C = Unrelated to the course
R = Replication of objective

NIDP Phase: I II III IV
V VI

	Sem. 1							Sem. 2					Sem. 3								Sem. 4									
Ref. #	SSS 101	PSY 211	MAT 201	ENG 120	HSC 101	BIO 100	HUM 201	SSS 102	PSY 201	HUM 202	SOC 201	ENG 121	PSY 251	SOC 202	SOC 210	SOW 201	ANT 220	ECO 210	BUS 100	ACC 107	SOP 201	SOC 220	HIS 206	HIS 219	SOW 271	SOC 298	ECO 211	ACC 108	SAM 261	
1	B	B	C	B	C	C	C	B	A	C	A	C	C	A	A	A	A	C	C	C	A	A	B	B	A	A	C	C	B	A
2	A	B	C	C	B	B	C	B	A	C	B	B	C	B	B	B	B	C	C	C	A	B	B	B	B	B	C	C	C	C
3	C	B	C	C	B	B	C	C	A	C	C	C	C	C	C	C	C	C	C	C	B	C	C	C	A	A	C	C	C	C
4	C	C	C	B	C	C	C	C	C	C	C	C	C	C	C	B	C	C	C	C	B	C	C	C	A	A	A	C	C	B
5	A	A	C	B	C	C	C	B	A	C	A	C	B	A	A	A	A	C	C	C	A	A	C	C	A	A	C	C	C	U
6	B	A	C	C	C	C	C	B	A	C	B	C	C	B	B	B	B	C	C	C	A	B	C	C	A	A	C	C	C	C
7	C	A	C	C	C	C	C	C	A	C	C	C	C	C	C	C	C	C	C	C	A	C	C	C	A	A	C	C	C	U
8	A	A	C	B	C	C	C	B	A	C	A	C	B	A	A	A	A	C	C	C	A	A	C	C	A	A	C	C	C	C
9	A	A	C	B	C	C	C	B	A	C	A	C	B	A	A	A	A	C	C	C	A	A	B	B	A	A	C	C	C	C
10	A	B	C	B	C	B	C	B	A	B	A	C	B	A	A	A	A	C	C	C	A	A	B	B	A	A	C	C	C	C
11	B	B	C	C	C	C	C	C	A	C	B	C	C	B	B	B	B	C	C	C	A	B	C	C	B	B	C	C	C	C
12	B	B	C	B	C	B	C	B	A	C	B	C	C	B	B	B	B	C	C	C	A	B	B	B	C	C	C	C	C	C
13	B	A	C	C	B	A	C	C	B	C	B	C	C	B	B	B	B	C	C	C	B	B	C	C	C	C	A	C	C	U
14	B	B	C	B	C	C	C	B	A	C	B	C	B	B	B	B	B	C	C	C	A	B	B	B	A	A	C	C	C	B
15	B	A	C	A	C	B	A	B	A	A	B	A	A	B	B	B	A	C	B	C	A	A	B	B	A	A	C	C	C	A
16	A	A	C	B	C	C	C	B	A	C	A	C	A	A	A	A	A	C	C	C	A	A	B	B	A	A	C	C	C	C
17	B	A	C	B	C	C	C	B	A	C	B	C	A	B	B	B	B	C	C	C	A	B	C	C	A	A	C	C	C	C
18	B	B	C	B	C	C	C	C	A	C	B	C	B	B	B	B	C	C	C	C	A	B	C	C	A	A	C	C	C	C
19	B	B	C	C	B	B	C	C	A	C	C	C	B	C	B	C	B	C	C	C	A	C	B	C	A	A	C	C	C	C
20	B	A	C	C	C	C	C	C	A	C	C	B	B	C	B	C	C	C	C	C	B	C	C	C	A	A	C	U	C	C
21	B	A	C	C	B	B	C	C	A	C	C	C	B	C	C	C	C	C	C	C	A	C	C	C	B	B	C	C	C	C
22	B	C	C	C	C	C	C	C	B	C	C	C	C	C	C	C	C	C	C	C	B	C	B	C	C	C	C	C	C	C
23	B	B	C	C	C	C	C	C	A	C	C	C	C	C	C	C	C	C	C	C	A	C	B	C	B	B	C	C	C	C
24	B	B	C	C	B	C	C	C	B	C	C	C	C	C	C	C	B	C	C	C	A	C	C	C	B	B	C	C	C	C
25	B	B	C	C	C	B	C	C	A	C	C	C	C	C	B	C	C	C	C	C	A	C	B	C	B	B	C	C	C	C
26	B	A	C	C	B	B	C	C	A	C	C	C	C	C	B	C	C	C	C	C	B	C	B	C	B	B	C	C	C	C
27	B	B	C	C	C	C	C	C	B	C	C	C	B	C	B	C	C	C	C	C	B	C	B	C	B	B	C	C	C	C
28	A	B	C	C	C	C	C	C	A	C	A	C	B	A	A	C	A	C	C	C	A	A	A	A	A	A	C	C	C	B
29	B	B	C	C	C	C	C	C	B	C	B	C	C	B	B	C	C	C	C	C	B	C	B	B	B	B	C	C	C	C
30	B	B	C	A	C	B	C	C	B	C	B	B	C	B	B	C	C	C	C	C	A	C	B	B	B	B	C	C	C	C
31	C	B	C	C	C	C	C	C	A	C	B	C	C	C	C	C	C	C	C	C	A	C	C	C	A	A	C	C	C	C
32	C	B	C	A	C	B	C	C	A	C	B	C	C	C	C	B	C	C	C	C	A	C	C	C	A	A	C	C	C	C
33	C	B	C	C	C	C	C	C	B	C	B	C	C	C	C	B	C	C	C	C	B	C	C	C	A	A	C	C	C	C
34	C	B	C	C	C	C	C	C	B	C	C	C	C	C	B	C	C	C	C	C	A	C	C	C	A	A	C	C	C	C
35	C	B	C	C	C	B	C	C	B	C	C	C	C	C	B	C	C	C	C	C	A	C	C	C	A	A	C	C	C	B
36	C	A	C	C	C	C	C	C	A	C	C	C	C	C	B	C	C	C	C	C	A	C	C	C	A	A	C	C	C	C

FIRST DRAFT
PROGRAM MANAGER DESCRIPTION
SUBSTANCE ABUSE PROJECT
FLEXIBLE AA DEGREE IN HUMAN SERVICES

Role and Function of Program Manager (one Program Manager per institution)

1. Criteria for Selection:

Cardinal to the success of the flexible Degree Program is the importance of designating the right persons to act as Program Managers at participating institutions. This is especially true with the unique clientele that should be attracted to this effort. Such a person should possess:

a. A broad academic background, especially in the area of the social and behavioral sciences.
b. A minimum of a Master's Degree.
c. A commitment to punctuality and responsibility.
d. A student-oriented teaching philosophy.
e. A concern for detail, and a careful record keeper.
f. A background that includes original social or psychological research.
g. A history of human service involvement. (Especially desirable would be specific experience with substance abuse rehabilitation programs).
h. Contacts with community agencies and personnel.
i. An ability to communicate in speaking and in writing.
j. The capability of lending necessary emotional support to participants in the program.
k. Unimpeachable ethical professionalism.
l. A willingness to support every aspect of the program.
m. Broad contacts throughout the academic community.

2. Duties of the Program Manager:

a. Serve as the academic counselor for participants.
b. Act as an academic negotiator; in this capacity the program manager will serve as the intermediary between the student and selected subject area specialists.
c. Coordinate academic endeavors with field experience.
d. Accept sole responsibility for assigning grades for field experiences. Assumed in this responsibility are necessary onsite visitations.
e. Insure his availability at specified times, for on-campus and telephone conferences.
f. Provide the necessary emotional and intellectual support that this category of student will expect.

Pages 9 through 37 of Appendix B were deleted due to irreproducibility. These pages contained a discussion of program management and the duties and responsibilities of Program Managers; a description of Miami-Dade Life Lab Program; a discussion of the student clientele and its needs; a discussion of the theoretical considerations for a generic human services program; and meeting agendas and participant lists.

HUMAN SERVICES: A CONSORTIUM DEFINITION

The concept of Human Services can be sufficiently inclusive to cover all activities relative to the improvement of the human condition. It therefore, could (and in some institutions does) include such traditional programs as social work, education, community and mental health, and might also conceivably include nursing, the allied health fields, and even law enforcement. The consortium proposed to narrow the definition to include only those activities that are just beginning to appear on the academic horizon and are not now accorded the kind of para-professional and professional respectability that attaches itself to fields with longer historical roots. These activities are client centered and directly concerned with the improvement of the client's social, economic, psychological, emotional, and to a lesser extent, his physical well-being. Specific categories of human service workers would include personnel in day care centers, geriatric services, community action agencies, crisis intervention services, and to the problems of drug and alcohol abuse.

STRUCTURAL GOALS

Each institution in the consortium in the furtherance of common ends commits itself to the following:

1. To meet the general education and transfer requirements of institutions.
2. To provide (measurable) credit for work or experience-related learning.
3. To assist students in developing responsibility for their own learning experiences.
4. To provide a balanced learning program (theory - application).
5. To provide for different learning modes and styles consistent with each student's needs.
6. To provide variable modular learning and credit opportunities.

KNOWLEDGE AND SKILL GOALS

Upon completion of the Program the student will be able to:

1. Recognize and describe sources and symptoms of problem dependencies.
2. Recognize how social, economic, cultural, and sub-cultural factors influence the behavior and needs of individuals and groups.
3. Recognize the role of emotions and values in providing and resolving human problems.
4. Recognize, identify, and employ selected principles of a helping relationship and the theory and procedures of the major therapeutic modalities employed in selected human services agencies.
5. Communicate employing terminology appropriate to the agency, helping professions, and diverse elements within the community.
6. Recognize and appreciate the necessity of ethical considerations in human services.
7. Demonstrate a constructive sensitivity toward the consumer of human services.
8. Demonstrate an understanding of human services organizations and their operational assumptions.

9. Display an attitude of positive skepticism toward the operating assumptions of the human services agency with which he is associated.

10. Recognize the principles and theories of habilitation as they impact upon the helping relationship.

11. Recognize the principles and dynamics of personal, social, and cultural change.

12. Read, interpret, and assess sociological and psychological data.

13. Identify his personal strengths and weaknesses.

14. Define and analyze a problem and test alternative solutions.

15. Assess and use local community resources.

16. Facilitate agency functioning through an understanding of appropriate administrative/management procedures.

17. Demonstrate proficiency in those emergency life saving techniques common to selected human services agencies.

18. Maintain necessary records and files and to perform those routine clerical functions demanded of a human service facility.

19. Conduct an intake interview.

20. Under professional supervision, conduct a therapeutic group session.

21. Under supervised authority, engage in a counseling session.

22. Participate in administrative decision-making.

ROLES OF THE GENERALIST

Creating objectives around the goals, however, proved to be more difficult than the project staff envisioned, and at our second national conference the curriculum developers incorporated into the objectives planning design the Roles of the Generalist, by Dr. Bertram Brown of the National Institute of Mental Health. A summary of these role statements follows:

1. Outreach (human link) worker -- reaches out to detect people with problems, to refer them to appropriate services and to follow them up to make sure they continue to their maximum rehabilitation.

2. Broker -- helps people get to the existing services and helps the services relate more easily to clients.

3. Advocate -- pleads and fights for services, policies, rules, regulations, and laws for clients.

4. Evaluator -- assesses client or community needs and problems whether medical, psychiatric, social, educational, etc. This includes formulating plans and explaining them to all concerned.

5. Teacher-Educator -- performs a range of instructional activities from simple coaching to teaching highly technical content directed to individuals or groups.

6. Behavior Changer -- carries out a range of activities planned primarily to change behavior, ranging from coaching and counseling to casework, psychotherapy, and behavior therapy.

7. Mobilizer -- helps to get new resources for clients or communities.

8. Consultant -- works with other helping persons and agencies regarding their handling of problems, needs and programs.

9. Community Planner -- works with community boards, committees, etc., to assure that community developments enhance positive mental health and self and social actualization, or at least minimizes emotional stress and strains on people.

10. Care Giver -- provides services for persons who need ongoing support of some kind (i.e., financial assistance, day care, social support, 24-hour care).

11. Data Manager -- performs all aspects of data handling, gathering, tabulating, analyzing, synthesizing, program evaluation and planning.

12. Administrator -- carries out activities that are primarily agency or institution-oriented rather than client or community-oriented (budgeting, purchasing, personal activities, etc.).

13. Assistant to Specialist -- this role is kept since there is undoubtedly some need for aides and assistants to the existing professions and specialities.

14. Clerical -- performs primarily secretarial/receptionist-type duties in a Human Services setting but job does not relate directly to mental health functions.[3]

GENERIC HUMAN SERVICES OBJECTIVES (1-133)

1. The student will be able to evaluate and assess his personal values and prejudices in terms of his effectiveness in a vocational role involving helping relationships.

2. The student will be able to work with others in ameliorating problems of dependency.

3. The student will be able to help a client identify his needs.

4. The student will be able to help clients identify agencies from which they may receive assistance.

5. The student will be able to describe the data that a given agency requires included in a client's records.

6. The student will be able to explain why certain data should be obtained in an intake interview.

7. The student will produce in writing, synopses of dependency. problems for referral purposes.

8. The student will be able to assess the clarity and completeness of a case write-up.

9. The student will be able to utilize effective communication skills in a supervised role-playing-counseling situation.

10. The student will be able to assess his/her ability to communicate effectively in a counseling interview and to identify those areas in which he/she needs improvement.

11. The student will be able to describe the necessary conditions of a counseling relationship that results in client learning and behavior change.

12. The student will be able to explain the principles of selected helping relationships.

13. The student will be able to adapt those principles of a helping relationship to a particular problem dependency.

14. The student will memorize the APGA code of ethics.

15. The student will be able to challenge and/or defend elements of the APGA code of ethics.

16. The student will be able to explain the role played by emotions

DRUG ABUSE TRACK OBJECTIVES (134-189)

134. The student will be able to define the following terms: (1) habituation (2) addiction (3) stimulants (4) depressants (5) hallucinogens (6) narcotics.

135. The student will be able to define the term "Drug Use" and explain why this term is more functional than the term "Drug Abuse."

136. The student will list several chemical substances, widely used and with no medicinal qualities, that impair one's physical or mental state, and are not popularly conceived of as "abused substances."

137. The student will describe several deleterious effects, physically and/or psychologically, of several substances not generally conceived of as "abused substances."

138. The student will be able to explain the extent of substance abuse in the United States by utilizing several different studies.

139. Through the use of selected community resources, the student will determine the social and economic costs of substance abuse within his community.

140. The student will be able to list and explain the five categories of drug users as delineated by the National Commission on Marihuana and Drug Abuse.

141. The student will be able to explain the attraction of the Drug Culture to American youth.

142. The student will be able to explain the function of drug use by various categories of users.

143. The student will be able to compare drug use in the United States with that of other urban industrial societies.

144. The student will be able to compare drug use in the United States with selected traditional societies (historical or contemporary).

145. The student will be able to formulate a reasonable hypothesis explaining why drug use took certain forms in traditional societies and other forms in urban industrial societies.

146. The student will be able to discuss the varied meanings that drug use has for individuals in the dominant culture and selected sub-cultures in the United States.

147. The student will be able to explain the role of the family and the peer group in the promotion of drug use in the United States.

IMPLEMENTING OBJECTIVES

Each of the original eight consortium colleges, and the two adjunct institutions has been supplied with a quantity of Objective Analysis Sheets, a copy of which appears overleaf. The purpose of the Objective Analysis Sheet is to aid institutions in determining the following: (1) Objectives that are presently integral parts of existing courses (2) Objectives that can be incorporated into existing courses (3) Objectives that are within the scope of the community college, but cannot be incorporated into existing courses, and (4) Objectives that are beyond the transfer capabilities of the institution.

The objectives lodged under column 1 pose no significant problem to the institution. Column 2 objectives suggests areas in which supplemental modules should be created, by the institution if they appear singularly and by the consortium if they appear multiplely. Column 3 suggests those areas to which the consortium or the institution should consider the creation of new course(s). Column 4 suggests referal of objectives to higher instructional levels.

Since the number of students enrolled in the Human Services/Drug Abuse program at each institution is currently estimated at between 25 and 50, and since these students will probably be full-time employees of a substance abuse facility scattered throughout the college service area, the more external that we can make the instruction the better will their needs be served. The number of students involved in the program limits the role that TV and Radio instruction will play in the achievement of their specialized educational goals. The most efficacious way of providing students with course supplements and specialized new course offerings therefore appears to be in the adaptation of mid-career experiential programs used widely and successfully at colleges for a number of years to these unique ends.

OBJECTIVE ANALYSIS SHEET - COLLEGE Miami-Dade

Column 1 - Integral Part Of Following Course(s)
Column 2 - Can Easily Be Incorporated Into Following Course(s)
Column 3 - Within Scope Of Community College But Cannot Be Incorporated Into Existing Course
Column 4 - Objectives Are Beyond Transfer Capabilities Of Our Institution

Objective #	Column 1	Column 2	Column 3	Column 4
1.	Psychology (Intro.), Soc. Psy., Dyn. of Hum. Behavior			
2.	Soc. Psy., Dyn. of Hum. Beha.			
3.	Dyn. of Hum. Beha., Psy. Intro. Soc. Psy.			
4.	Covered in a number of Soc. Sci. courses depending on kind of behavior.			
5.	Soc. Sci., Dyn. of Hum. Beha., Gen. Soc., Intro. Psy., Intro. Soc.			
6.	Soc Psy., Intro. Psy.			
7.	Soc. Psy., Intro. Psy.			
8.		Soc. Psy.		
9.	a.Intro. Psy., Soc. Psy. b.Soc. Sci., Cul. Anth. c.Bio., Phy. Anth.			
10.	Intro. Soc. Wk.			
11.	Soc. Sci., Soc. Psy.			
12.	Invalid Obj.			
13.	Intro. Soc. Wk.			
14.	Intro. Soc. Wk.			
15.	Intro. Soc. Wk.			
16.	Dyn. of Hum. Beha., Soc. Psy.,			

COURSE/OBJECTIVES SHEET
MIAMI-DADE COMMUNITY COLLEGE
SUMMER, 1977

INTRODUCTION TO PSYCHOLOGY

OBJECTIVES	COLUMN	OTHER COURSES
The student will be able to state and explain the components of one's perceptual field.	1	Soc. Psy. Dyn. of Hum. Beha.
The student will be able to explain selected common terms associated with major therapeutic modalities.	1	Dyn. of Hum. Beha. Soc. Psy.
The student will be able to explain the role of value orientations as a controller and modifier of human behavior.	1	Gen. Soc. Intro. Soc.
The student will be able to define positive and negative reinforcement.	1	Soc. Psy.
The student will be able to discuss the ways in which positive and negative reinforcement can be used to change behavior.	1	Soc. Psy.
The student will be able to state the impact on human behavior on environment, social and physical.	1	Soc. Psy.
The student will be able to explain the basic premises of the major therapeutic modalities.	1	Soc. Psy.
The student will be able to define the following concepts: a) neurosis, b) psychosis, c) changing concepts of normality, d) transient situational disorders, and e) character disorders.	1	Soc. Psy. Dyn. of Hum. Beha. Soc. Sci.
The student will be able to explain the uses of the following psychological inventories: WAIS, WISE, MMPI, GATB, TAT, Rorschach, and Strong.	1	
The student will be able to assess which therapeutic modality(ies) is (are) most appropriate in a given situation.	1	Soc. Psy. Field Exp. in Hum.Ser.
The student will be able to explain how selected psychological factors contribute to problem dependencies.	1	Soc. Psy.

SUGGESTED HUMAN SERVICES/DRUG ABUSE
ASSOCIATE DEGREE PROGRAM
MIAMI-DADE COMMUNITY COLLEGE
JANUARY, 1978

PROGRAM A

Semester I

SSS 101 Social Science 3 Credits
An interdisciplinary analysis of social interaction, social organization and personality development. There is a major emphasis on culture, its character-shaping functions and its reflection in language, attitudes, values and behavior. Major concepts are selected from anthropology, sociology, and psychology. (3 hr lecture)

ENG 120 English Composition 3 Credits
The techniques of expository prose. (3 hr lecture)

PSY 211 Introduction to Psychology 3 Credits
Blends classic material with the most recent developments in psychological theory. It is designed to provide an understanding of human behavior as a natural phenomenon subject to scientific study. Prerequisite: Sophomore standing (3 hr lecture)

SOC 201 Introduction to Sociology 3 Credits
A scientific study of society, with emphasis on the structure of that society, the role of the individual as a group member, and the implications of social change. (3 hr lecture)

MAT 201 General Education Mathematics 3 Credits
Historical developments in mathematics and their application in our society. Numeration systems, number systems, sets, geometry, probability, algebra and logic. (3 hr lecture)

Semester II

SSS 102 Social Science 3 Credits
A continuation of SSS 101. The economic and political dimensions of cultures and societies are explored. The American economic and political order is examined in relationship to other systems. (3 hr lecture)

ENG 121 English Composition 3 Credits
Techniques of expository prose and methods of critical reading and writing. Prerequisite: ENG 120 or permission of the department chairperson (3 hr lecture)

ANT 220 Introduction to Cultural Anthropology 3 Credits
The nature of culture, personality, and social organizations. Emphasis is on the customs of pre-literate people. (3 hr lecture)

HS/DA PROGRAM "A" CONTINUED

SOC 210 Social Problems 3 credits

An analysis of the major contemporary and recurring social problems, emphasizing scientific search for variables involved, and exploring alternative solutions. (3 hr lecture)

BIO 102 General Education Biology 3 Credits

Selected principles in biological science, including the cell concept, the organization of multi-cellular systems, plants and animals as organized systems, and man in relation to his environment. (3 hr lecture)

Semester III

SOW 270 Field Experience in Human Service I 3 Credits

Directed field work in cooperation with selected community service agencies involving direct student-client relationships with continuous in-service training and supervision (Variable hours)

SOP 201 Social Psychology 3 Credits

Combining a knowledge of psychology and sociology, this is an interdisciplinary approach to the study of human interaction. Its main theme deals with the nature of attitudes, how attitudes may be changed, the processes of interaction and the nature of group structures (3 hr lecture)

SOW 201 Introduction to Social Welfare 3 Credits

A survey of the history and functions of social welfare instutions and the needs they are assigned to meet in American society. The survey will include a study of the role of the social worker in meeting societal needs. Prerequisites: SSS 101, 102, (3 hr lecture)

HUM 201 Humanities 3 Credits

Music and visual arts, and the significance of the esthetic experience in Western civilization. This course, which will satisfy half of the General Education requirement in humanities, may be taken in any term(3 hr lecture)

Drug Abuse I Course to be developed in modular format for inclusion in other courses.

PROGRAM "A" CONTINUED

Semester IV

SOW 271 Field Experience in Human Service II — 3 Credits

A continuation of SOW 270 for the student desiring a more extensive experience. Prerequisite: SOW 270. (Variable hours)

PSY 212 Dynamics of Behavior — 3 Credits

Analysis of mechanisms of adjustment, motivation, frustration and conflict, learning, personality and psychotherapy. Emphasis is on the psychological process of the normal individual functioning in society rather than on the behavior disorders. (3 hr lecture)

ELECTIVE*

HUM 202 Humanities — 3 Credits

The significance of drama in Western culture and/or introduction to some of the great issues in Western philosophy. This course will satisfy the second half of the General Education requirement. (3 hr lecture)

Drug Abuse II

Course to be developed in modular format for inclusion in other courses.

*SOW 180, Teen Counseling, SOC 220, Marr. & Family, SOP 210, HUM. REL.

PROGRAM B

Semester I

SSS 101 Social Science — 3 Credits

An interdisciplinary analysis of social interaction, social organization and personality development. There is a major emphasis on culture, its character-shaping functions and its reflection in language, attitudes, values and behavior. Major concepts are selected from anthropology, sociology, and psychology. (3 hr lecture)

ENG 120 English Composition — 3 Credits

The techniques of expository prose. (3 hr lecture)

PSY 211 Introduction to Psychology — 3 Credits

Blends classic material with the most recent developments in psychological theory. It is designed to provide an understanding of human behavior as a natural phenomenon subject to scientific study. Prerequisite: Sophmore standing (3 hr lecture)

PROGRAM "B" CONTINUED

SOC 201 Introduction to Sociology 3 Credits

A scientific study of society, with emphasis on the structure of that society, the role of the individual as a group member, and the implications of social change. (3 hr lecture)

MAT 201 General Education Mathematics 3 Credits

Historical developments in mathematics and their application in our society. Numeration systems, number systems, sets, geometry, probability, algebra and logic. (3 hr lecture)

Semester II

SSS 102 Social Science 3 Credits

A continuation of SSS 101. The economic and political dimensions of cultures and societies are explored. The American economic and political order is examined in relationship to other systems. (3 hr lecture)

ENG 121 English Composition 3 Credits

Techniques of expository prose and methods of critical reading and writing. Prerequisite: ENG 120 or permission of the department chairperson (3 hr lecture)

SOC 210 Social Problems 3 Credits

An analysis of the major contemporary and recurring social problems, emphasizing scientific search for variables involved, and exploring alternative solutions. (3 hr lecture)

HIS 206 Afro-American History 3 Credits

A survey, including African background, of the Afro-American in United States history, with emphasis on economic, political, and cultural development. (3 hr lecture)

BIO 102 General Education Biology 3 Credits

Selected principles in biological science. including the cell concept, the organization of multi-cellular systems, plants and animals as organized systems, and man in relation to his environment. (3 hr lecture)

Semester III

SOW 270 Field Experience in Human Service I 3 Credits

Directed field work in cooperation with selected community service agencies involving direct student-client relationships with continuous in-service training and supervision (Variable hours)

PROGRAM "B" CONTINUED

I.H.S. Course is being developed

HUM 201 Humanities 3 Credits
Music and visual arts, and the significance of the esthetic experience in Western civilization. This course, which will satisfy half of the General Education requirement in humanities, may be taken in any term (3 hr lecture)

HIS 219 History of Cuba 3 Credits
Historical analysis of the development of Cuban society, its culture and institutions. (3 hr lecture)

Drug Abuse I Course to be developed in modular format for inclusion in other courses.

Semester IV

SOW 271 Field Experience in Human Service II 3 Credits
A continuation of SOW 270 for the student desiring a more extensive experience. Prerequisite: SOW 270. (Variable hours)

PSY 212 Dynamics of Behavior 3 Credits
Analysis of mechanisms of adjustment, motivation, frustration and conflict, learning, personality and psychotherapy. Emphasis is on the psychological process of the normal individual functioning in society rather than on the behavior disorders. (3 hr lecture)

SOP 210 Human Relations 3 Credits
Emphasizes an awareness of the problems of a person's relationship to others, and the known laws and generalizations about the action patterns of individuals and groups. Effort is made to develop an awareness of the techniques of effective interpersonal relations. (3 hr lecture)

HUM 202 Humanities 3 Credits
The significance of drama in Western culture and/or introduction to some of the great issues in Western philosophy. This course will satisfy the second half of the General Education requirement. (3 hr lecture)

Drug Abuse II Course to be developed in modular format for inclusion in other courses.

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

September 28, 1976

Dr. Hyman Frankel, President
Center for Human Services
5530 Wisconsin Avenue, N.W.
Suite 1600
Washington, D. C. 20015

Dear Hy:

Jim and I were discussing the up-coming conference with the panel of Human Services specialists, and decided to communicate our thoughts to you.

We hope that the panel will include at least one member of the academic community, perhaps an administrator with a social science background who is well versed in regional accredidation standards. The inclusion of such a person should aid us in obviating any difficulties that could result in the ultimate implementation of the program.

In addition to reviewing the Program Development Guide and offering criticism and input, we would like for the panel to address the following questions:

1. Is the consortium position regarding the career ladering of human services personnel realistic? The assumption that we have been working on is that the AA degree would be one rung in a ladder that ultimately could lead to a PhD. in the Human Services field. The counter to this assumption is that the human services worker is to be a perpetual subordinate to personnel trained in specific academic disciplines.

2. Is there a generic body of knowledge and skills essential to all human services workers? We have been working on the assumption that there is and that a major task of the consortium was to devise skills and knowledge objectives reflective of this generic body.

3. Was the theoretical basis for devising goals and objectives, i.e., Dr. H. S. Glenn's Human Services Model and Dr. Bertram Brown's "Roles of the Generalist" adequate to the task? (We should point out that our actual contact with human services

agencies was limited at the request of the National Institute on Drug Abuse. They promised, "at the proper time" to arrange such contact for us.)

4. What credentialing requirements now exist for any category of personnel in the human services? Do these requirements include skills and knowledge applicable to other human services specialists?

5. How much of the student's total AA experience should be in field training? (Most observers estimate 20 to 25%. In the Southern Association, 25% of the schools surveyed by Harold L. McPheters had Human Services programs with no field experience whatsoever, while the other 75% had only 10% of the curriculum hours devoted to field experience.)

6. What guidelines should be observed in developing criteria for evaluating field experience?

7. Will the consortium approach to meeting objectives, i.e., their incorporation into existing courses, meet projected credentialing requirements or must credentialing be met by a common body of courses at all institutions?

Still hoping that some means can be found to keep our consortial venture alive, I am,

Cordially yours,

Joe

Joe Olson

JO/ek
cc: George Mehallis
Horace Traylor

Center for Human Services
5530 WISCONSIN AVENUE, N. W. • SUITE 1600 • WASHINGTON, D. C. 20015 • (301) 654-2550

CURRICULUM DEVELOPMENT CENTER CONFERENCE

ORLANDO, FLORIDA

December 15 - 16, 1976

Participants' List

1. Dr. Hyman Frankel
   President
   Center for Human Services
   5530 Wisconsin Avenue, N.W.
   Suite 1600
   Washington, D.C. 20015
   301-654-8338

2. Dr. George DeLeon
   Director of Research
   Phoenix House Foundation Inc.
   164 W 74th Street
   New York, New York 10023
   212-595-5810

3. Mr. Julio Martinez
   President
   Project R.E.T.U.R.N. Foundation Inc.
   64 University Place
   New York, New York 10003
   212-674-1700

4. Mr. Ramon Adame
   Chairman of Chicano Alliance of Drug Abuse Programs
   P.O. Box 200
   El Paso, Texas
   915-532-7976

5. Matthew Gissen, J.D.
   President
   The Village South, Inc.
   5810 Biscayne Boulevard
   Miami, Florida 33137
   305-751-3856

6. Dr. Lonnie E. Mitchell
Chief, Manpower & Training Branch
Division of Resource Development
National Institute on Drug Abuse
11400 Rockville Pike
Rockville, Maryland 20852
301-443-4345

7. Mr. Horace J. Traylor
Dean for Development
Miami-Dade Community College
11011 SW 104 Street
Miami, Florida 33176
305-596-1387

8. Mr. Joseph Olson
Academic Coordinator
Miami-Dade Community College
11011 SW 104 Street
Miami, Florida 33176
305-596-1330

9. Mr. James E. O'Connor
Project Director
Miami-Dade Community College
11011 SW 104 Street
Miami, Florida 33176
305-596-1330

10. Mr. H. Stephen Glenn
Director
National Drug Abuse Center
1901 N. Moore Street
Arlington, Virginia 22209
703-524-4400

Center for Human Services

Pages 56 through 61 of the original document have been deleted due to irreproducibility. These pages contained several letters and memos.

HUMAN SERVICES TEXTBOOK

Design and Development Guidelines

DRAFT

1/20/77

BOOK RELATED TASKS OF THE HS/DA PROJECT STAFF

1. Design book format and write a sample chapter.

2. Provide input to selections of HS chapter writers and DA compiler-editors.

3. Contact writers/compiler-editors and provide writing information: format descriptions and prepare sample chapter/module-booklet.

4. Manage all writer contracting.

5. Negotiate with NIDA the approved list of writers/compiler-editors and topics/content selected.

6. Write some HS chapters.

7. Serve as format, style (and content) editors for all HS chapters and DA module/booklets.

8. Design and monitor all material production schedules.

9. Be presenters at meetings involving interest in the material products.

10. Be involved in the selection of a printer during January 1977.

11. In January conduct a national survey - one page questionnaire. To provide a data-base for potential national utilization.

FORMAT OF THE HUMAN SERVICES TEXTBOOK

1. The book will have a minimum of 20 chapters.

2. Each chapter will be approximately 25 pages in length, including appropriate elements (see #4).

3. The book will be about 500 pages in length.

4. Each chapter will have the following elements:

    1. Overview
    2. Objectives
    3. Major chapter topics with elaborations utilizing scientific citing
    4. Follow-up activities
    5. Additional reading references annotated
    6. Bibliography
    7. Test items (with answer key in back of text) and other learning activities

8. Summary statement
9. Technical and scientific terms and concepts will be defined in italics on first use

A composite instructional component of this kind will limit additional course components.

5. The book will have large overall dimensions 8" X 11 1/2" X 2" (L,W,D)
6. Each chapter will be attractively formulated with different size, style and color type. There will be free use of B&W and color photographs, illustrations, drawing, tables, etc. throughout each chapter.
7. The book will have an introduction or preface written by project staff.
8. The review committee of nationally recognized authorities will be listed with brief resumes on each.
9. The book will have a topic index.
10. The book will have a glossary.
11. The book will have a reference selection listing information on National agencies both public and private, professional organizations and institutions throughout the country offering advanced programs in the human services.
12. The book will have an endorsement statement listing major persons, institutions, agencies, etc.
13. Each book chapter must be critiqued by two National Review Committee members.

REVIEW PROCESS FOR SELECTION OF BOOK TOPICS

1. Project staff will propose chapter titles and content.
2. Staff-proposed titles and content will reviewed at the "States Practitioners Meetings."
3. Staff-proposed titles/content should be reviewed at the "National Credentialing Meeting." (Could be another review committee if funds are available from NIDA.)
4. NIDA should review the staff-proposed titles/content.
5. Participating consortium members should review the staff-proposed titles/content.
6. The M-DCC Program Manager should review the staff-proposed titles/content.

SELECTING HUMAN SERVICES TEXTBOOK CHAPTER WRITERS

1. Some chapters should be written by project staff.
2. Some chapters should be written by consortium members.
3. Some chapters should be written by nationally recognized or emerging leaders in Human Services.
4. Some chapters should be written by persons identified by NIDA.
5. Some chapters should be written by persons already strongly endorsed at the "States Practitioners Meetings" & "National Credentialing Meeting."

6. Chapters should be written by persons willing to write to a preconceived format, and be willing to accept modifications both in terms of content and style at any point in the project.
7. Chapters should be written by persons who have sufficient available time and can meet predetermined deadlines.
8. Chapters should be written by persons who are previously published preferably in terms of the repsective chapter content.
9. Chapters should be written by persons demonstrating command of the content.
10. Some chapters should be written by persons representing agencies, organizations and institutions involved with Human Services.
11. Each chapter should have a single author, except in those instances in which colaborative efforts will improve the quality of the text.
12. Chapter writers should be able to develop each element of the chapter.
13. Each author should be cognizant of the efforts of other parties in the joint enterprise to make smooth continuity and avoid needless overlap.
14. Each author should devise appropriate learning activities to accompany the text material.
15. No single author should be charged with writing more than one chapter.

CRITERIA FOR SELECTION OF AND TASKS OF MEMBERS OF NATIONAL REVIEW COMMITTEE

1. Each Review Committee member must have a nationally recognized status in the HS area.
2. The Review Committee membership must represent leading agencies, organizations and institutions.
3. Each member must be a nationally-known, current writer/speaker and/or administrator in HS.
4. Each member must be an expert for the content of at least 5 chapters.
5. The committee will have 5 members.
6. Each member must have the time and knowledge to carefully review and constructively criticize at least 8 chapters.
7. Each book chapter must be reviewed by two committee members.
8. The Review Committee must represent major regions of the country.
9. The nominees must be acceptable to NIDA and the grantee.
10. The committee must provide a major content quality control function.
11. The members will probably not need to attend a meeting.

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

January 5, 1977

To all Consortium Members:

The intent of this letter is two-fold: (1) to inform you of current developments in our collective efforts to establish a nationally recognized, credentialed, and transportable Human Services/Drug Abuse program and (2) to solicit your input in initial efforts toward creating instructional materials designed to meet needs in this area.

As you know, this year's support for continued consortium maintenance that we had so confidently anticipated never materialized. All of you have been asked to submit proposals to NIDA for the academic year 1977-78, and we trust that this has been accomplished. As an alternative means of maintaining consortial ties, Jim and I devised a quite modest proposal that would allow us to continue our joint endeavors. Our proposal, already funded, envisions a dual publication venture; one aspect dealing with the generic objectives that we devised in Vail, and the other dealing with those objectives specifically dealing with the subject of substance abuse.

The generic component is tentatively titled "An Introduction to Human Services" and its purpose is to acquaint the student with the origin, philosophy, and function of human services and the roles, duties, and responsibilities of its practitioners. The text will:

1. identify the major competency needs of generic human services workers,
2. be consonant with the goals and objectives stated in the program development guide,
3. be oriented from an integrated social science perspective,
4. meet the needs of both occupational and transfer human services programs, and
5. include sufficient measurable activities that would permit its use as an external instructional device.

Below you will find a chapter/content outline of this proposed effort, from which we earnestly solicit your reaction. You may note your reaction(s) in the spaces provided following each item.

I. Evolution of the Human Services Concept - Understanding the concept of habilitation - Defining Human Services - Activities that are under the Human Services umbrella - Evolution of the Human Services concept - Career opportunities in the Human Services area (as a prelude to Ch. 2). Comments:

II. Roles and Functions of Human Services Worker - Areas of expertise required of Human Services workers - The roles of the Human Services worker (take-off point "The Roles of the Generalist" as found in Program Development Guide: Outreach "human link" worker, Broker, Advocate, Evaluator, Teacher-Educator, Behavior Changer, Mobilizer, Consultant, Community Planner, Care Giver, Data Manager, Administrator, Assistant to Specialist, Clerical) - Areas of concern for the Human Services industry. Comments:

III. Human Services and the Social Sciences - The need for a more scientific approach to human problems - Defining the social sciences - The disciplines comprising the social sciences - The limitations of the social sciences - The relationship of the social sciences to Human Services and habilitation needs - The social sciences and specific Human Services functions; counseling, case work, administration and management. Comments:

IV. Philosophic Stances and Human Services - Concepts of the Nature of Man and its role in defining social problems - From "warehousing" (in jails, mental institutions) to Rehabilitation - Public Attitudes and the impact on the effectiveness of Human Services Programs - Public Attitudes and the formulation of laws dealing with social issues and programs - Conflicts in Philosophic Stances within the Human Services industry. Comments:

V. The Impact of Technology on Society and the Individual - The concept of social and cultural change - The face of change as it impacts on the individual and society - The impact of change on the process of habilitation; alienation, anomie - Technological change and poverty - The concept of cultural lag (Ogburn Thesis) - Cultural change and the increasing need for Human Services workers. Comments:

VI. Understanding the Community - Socio-economic factors - Demographic factors - Cultural factors (ethnic and racial) - Fragmented urban responsibilities and its impact on human needs - Ideology and its relationship to human needs - Community power structure - The role of the media in defining human and social problems. Comments:

VII. Assessing Community Needs - How community needs are defined by political and economic leaders - How the media reflects community problems - Meeting the needs of special segments of the population; the poor, the disadvantaged, the culturally excluded - Assessing needs through surveying selected community facilities, employment offices, the police, health agencies, social welfare agencies, the church - How is the community addressing itself to social needs - Mobilizing community efforts to create or improve Human Services delivery systems. Comments:

VIII. Understanding the Client - Cultural factors - Unique habilitation factors - Experiential background - Economic status - Counter cultural influences - Age, sex and marital status - Clients concept of self - Possibility of change for the client. Comments:

IX. Assessing Client Needs - Assessor's frame of reference - Factors obscuring objective assessment - The need for professional assistance - The Human Services worker as a team member - Recording observations of the client. Comments:

X. Preparing Case Write Ups - (Please help us by providing a content breakdown for this chapter.) Comments:

XI. Financing Human Services Endeavors - Community sources, public and private - The State role in financing Human Services - The Federal role in financing Human Services - Finding a Grantee - The art of "Grantsmanship" - The art of lobbying; local, state, and national. Comments:

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XII. Managing Human Services Facilities - The manager as a team member - Devising a management model for the facility - Management by objective - Task determination and evaluation - Personnel evaluation - Employing new personnel - Severing employment - Preparing the budget - Fiduciary management - Evaluating the effectiveness of the agency. Comments:

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XIII. Coordinating Activities Within the Agency and Among Other Agencies - Need for understanding the role and function of each team member - Assuring that the right person is playing the right role - Determining over-laps in responsibilities both within the agency and among other agencies - Creating formalized structures for assuring coordination - Informal means of assuring cooperation. (I believe that this chapter might well include case studies for two principal concerns) Comments:

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XIV. Relating Agency Efforts to the Community - The importance of good public relations - Establishing liason with the media and community leaders - Preparing the agency story - relating the agency's story to the community - Defending the agency from attacks from within and without - Justifying the community's investment in the agency - Securing community spokesmen on the agency's behalf. Comments:

XV. The Human Services Client as Consumer - The consumer movement and the Human Services client - The legal rights and responsibilities of the client - Acquiring input from the client as a means of improving delivery of services - The client as a change agent in the Human Services industry - Staff organization and responsibilities and client needs. Comments:

XVI. Ethical and Legal Considerations for the Human Services Worker - Is there now extant a "Code of Ethics" for Human Services workers? If not, should there be? - How should the credentialing of Human Services workers take place? Should practitioners in the Human Services regulate entry and control disqualification procedures of its personnel? - What ethical and legal considerations pertain between the Human Services practitioner and his clients? What ethical and legal considerations pertain between the Human Services worker and his agency? - Under what circumstances should ethical considerations of the client be breached by "greater" societal need? - What courses of action are available to the individual whose personal ethical standards conflict with those of the employing agency? - What relationship pertains between the Human Services industry and the Criminal Justice System? - What considerations should the Human Services practitioner make regarding activities in the following areas: a. overt political action, b. association with local or national advocacy groups, c. purely social relationships with clients of the employing agency, d. discussion of agency activities and problems with clients and lay persons within the community, and e. affecting changes in policy and procedure within the agency. - Should Human Services workers engage in union activities? Should restraints be imposed on the Human Services workers right to strike? Comments:

XVII. Emergency Procedures Required of the Human Services Practitioner - Crisis intervention - Determining the acutely ill - Procedures to be followed for the acutely ill - Emergency life saving techniques and instances for their application (choking, overdosed, CPR, etc.) - The responsibility for life and health assumed by the agency. Comments:

XVIII. Keeping Abreast of Developments in the Human Services Field - Professional associations and journals - Conferences, local and national - Interagency visitation - Resources in local libraries - Continuing Education - Agency and Interagency workshops - Creating a local Human Services Association - Annotated bibliography of essential reading for the Human Services worker. Comments:

IXX. The Future of the Human Services Industry - Factors promoting expansion - Potential limitations of the growth of the Human Services industry - Areas in which the greatest expansion appears to be most likely - New endeavors for the Human Services worker - Career potential in Human Services. Comments:

We would also appreciate your response to the following questions:

1. Should the text contain a chapter(s) on the management and organization of Human Services facilities? (yes no) What should the content of such a chapter(s) be?

2. Does the outline adequately reflect those knowledge areas essential to all Human Services workers? (yes no) If not, please suggest additional content areas and the chapters in which they should be located.

If no chapter title is capable of accommodating additional content, what new chapters should be created?

Are there chapters that should be combined? (yes no)

Are there chapters that should be eliminated? (yes no)

Are there chapters that should be sub-divided? (yes no)

3. What specific learning activities can you suggest for any of the chapters? (We consider this item of crucial significance since we envision a significant number of students utilizing this text in an independent study context)

Can you suggest any graphic or pictorial enrichments that might be included with any specific topic?

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4. Can you suggest individuals, either from the Human Services industry or from institutions of higher learning who might be willing to author one or more chapters?

Name	Chapter
____________________________________	____________
____________________________________	____________
____________________________________	____________

Would he/she be willing to write to a prescribed format? (yes no) Does he/she have any prior publication experience? (yes no) What Human Services credentials does the individual possess?

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5. Would you consider writing one or more chapters? (yes no) What chapters? ________________________ Would you be willing to write toward a prescribed format? (yes no) Do you have prior publication experience? (yes no) What Human Services experience do you possess?

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I should have stated earlier that money (in modest sums) is available to compensate chapter authors for their efforts.

Since we are quite eager to get this project underway, we would appreciate your responses as early as possible, preferably by January 24, 1977. Input received past this date will be extremely difficult to effectively utilize. If you have any questions, please call me collect at (305) 596-1330 any weekday after 10 a.m. eastern time.

The second part of our publication effort is tentatively titled "Chemical Substance Abuse in America." This instructional package will be several small, paper-bound volumes (track books) that could either be used collectively as a major text in a substance abuse course, or separately as components of several courses. The content for this product would be derived from existing materials at the National Drug Abuse Center and other public domain materials.

Since we have already exceeded the bounds of propriety, we will detail this effort in a subsequent communication.

I hope that you had a joy-filled holiday season and that your institution has submitted its proposal to revive consortial activities next academic year.

Cordially,

Joseph Olson
Academic Coordinator

JO/sp

cc: Dr. Lonnie Mitchell
Dr. Thomas Carroll
Dr. Marvin Vasher
Ms. Maria Valdez Duncan
Dr. George Mehallis
Dean Horace Traylor
Dr. Ambrose Garner
Ms. Shirley Hagen
Dr. H. Stephen Glenn
Mr. Matthew Gissen
Dr. Duane Hansen
Dr. William Stokes
Ms. Carol Cheek
Mr. George Deleon
Mr. Ramon Adame
Mr. Julio Martinez

AN INTRODUCTION TO HUMAN SERVICES

CHAPTER TITLES AND CONTENT

(Revised 2/17/77)

Human Services Concept

I. Evolution of the Human Services Concept - Understanding the concept of habilitation - Defining Human Services - Activities that are under the Human Services umbrella - Evolution of the Human Services concept - Overview of Human Services field by interview (as a prelude to Ch. II).

II. Philosophic Stances and Human Services - Concepts of the nature of man and its role in defining social problems - From "warehousing" (in jails, mental institutions) to rehabilitation - Public attitudes and the impact on the effectiveness of Human Services programs - Public attitudes and the formulation of specific laws dealing with social issues and programs - Conflicts in philosphic stances within the Human Services industry.

III. The Impact of Technology on Society and the Individual - The concept of social and cultural change - The pace of change as it impacts on the individual and society - The impact of change on the process of habilitation - Technological change and social consequences (poverty, alienation, etc.) - The concept of cultural lag (Ogburn Thesis) - Accelerating change and the increasing need for Human Services.

IV. Understanding the Setting - Define community - Decline of Community - Socio-economic factors - Demographic factors - Cultural factors (ethnic and racial) - The danger of stereotyping - Fragmented urban responsibilities and its impact on human needs - Ideology and its relationship to human needs - Community power structure - The role of the media in defining human and social problems - Individual and social support systems in rural vs. urban systems - Urbanization and dysfunctional social organization.

V. Human Services and the Social Sciences - The need for a more scientific approach to human problems - Defining the social sciences - The disciplines comprising the social sciences - The potential limitations of the social sciences - The relationship of the social sciences to Human Services and habilitation needs - The social sciences and specific Human Services functions; counseling, case work, administration and management.

Providing Human Services

VI. Roles and Functions of Human Services Workers - Areas of expertise required of Human Services workers - The roles of the Human Services worker (take-off point "The Roles of the Generalist" as found in Program Development Guide: Outreach "human link" worker, Broker, Advocate, Evaluator, Teacher-Educator, Behavior Changer, Mobilizer, Consultant, Community Planner, Care Giver, Data Manager, Administrator, Assistant to Specialist, Clerical) - Areas of concern in the Human Services.

VII. Understanding the Client - Introduce theories of personality development - Socio-cultural factors - Developmental characteristics - Frame of reference - Economic status - Age, sex and marital status - Clients concept of self - Selfesteem - Value systems - Life style - Racism - Cultural Pluralism - 2nd generation Phenomenon.

VIII. Assessing and Recording Client Needs - Assessor's frame of reference - Factors obscuring objective assessment - The need for professional assistance - Recording observations of the client - Possibility of change for client - Capacity building vs. paternalism - Developmental Profile - Use examples of case write ups; use standard interview forms if possible.

IX. The Human Services Client as Consumer - The danger of ossification of all bureaucracies (briefly) - The consumer movement and the Human Services client - The legal rights and responsibilities of the client - Acquiring and evaluating input from the client as a means of improving delivery of services - The client as a change agent in the Human Services industry - Confidentiality of client records (briefly) - Expectations in terms of health, emergency procedures, safety.

X. Ethical and Legal Considerations for the Human Services Worker - Is there now extant a "Code of Ethics" for Human Services workers? If not, should there be? - How should the credentialing of Human Services workers take place? Should practitioners in the Human Services regulate entry and control disqualification procedures of its personnel? - What ethical and legal considerations pertain between the Human Services practitioner and his clients? What ethical and legal considerations pertain between the Human Services worker and his agency? - Under what circumstances should ethical considerations of the client be breached by "greater" societal need? - What courses of action are available to the individual whose personal ethical standards conflict with those of the employing agency? - What relationship pertains between the Human Services industry and the Criminal Justice System? - What considerations should the Human Services practitioner make regarding activities in the following areas: a. overt political action, b. association with local or national advocacy groups, c. purely social relationships with clients of the employing agency, d. discussion of agency activities and problems with clients and lay persons within the community, and e. affecting changes in policy and procedure within the agency - Should Human Services workers engage in union activities? Should restraints be imposed on the Human Services workers right to strike?

XI. Assessing Community Needs - How community needs are defined by political and economic leaders - How the media reflects community problems - Identifying needs of special segments of the population: the poor, the disadvantaged, the culturally excluded - Assessing needs through surveying selected community facilities, employment offices, the police, health agencies, social welfare agencies, the church - How is the community addressing itself to social needs - Overview.

Human Services Operations

XII. Managing Human Services Facilities - Clarification of mission - Recruitment of personnel - (Introductory material) - Management styles and systems - The manager as a team member - Devising a management model for the facility - Task analysis and evaluation - Employing new personnel - Personnel evaluation - Evaluating the effectiveness of services.

XIII. Financing Human Services - Community sources, public and private - Impact of local attitudes on financing its activities - The state role in financing Human Services - The federal role in financing Human Services - Basic elements in grant proposals - Fiscal accountability.

XIV. Relating Agency Efforts to the Community - Public attitudes and Human Services activities - The importance of good public relations - Establishing liaison with the media and community leaders - Preparing the agency story - Relating the agency's story to the community - Outreach worker - Client finding - Making services both accessible and acceptable.

XV. Coordinating Activities Among Agencies - Need for understanding the role and function of each team member - Assuring that the agency is playing the right role - Determining overlaps in responsibilities among agencies - Creating formalized structures for assuring coordination - Hindrances to cooperation - (This chapter might well include case studies for two principal concerns).

Conclusion

XVI. The Future of the Human Services Industry - Factors promoting expansion - Potential limitations of the growth of the Human Services - Areas in which the greatest expansion appears to be most likely - New endeavors for the Human Services worker - Career potential in Human Services - Focus on Chap. I.

XVII. Keeping Abreast of Developments in the Human Services Field - Professional associations and journals - Conferences, local and national - Interagency visitation - Resources in local libraries - Continuing Education - Agency and interagency workshops and training programs - Creating a local Human Services Association - Annotated bibliography of essential reading for the Human Services worker.

TEXTBOOK REVIEW

On July 22, 1977, the chapter review committee was assembled for an all day critique of the submitted chapters. The committee consisted of:

Dr. Hyman Frankel, President
Center for Human Services
Washington, D. C.

Dr. Marshall Farkas
Deputy Director, Comprehensive Drug Abuse
Department of Vocational and Rehabilitative Services
Dade County
Miami, Florida

Dr. Jefferson Mc Alpine
Deputy Director of Mental Health
Human Resources Department
Washington, D. C.

Mr. Alan Pavoff
Urban League
Broward County
Ft. Lauderdale, Florida

Dr. Walter Veit
Associate Professor, Social Science
Burlington County College
Pemberton, New Jersey

Dr. Wesley Westman
Director, Drug Abuse Program
Veterans Administrative Hospital
Miami, Florida

James O'Connor, Project Director
Joseph Olson, Academic Coordinator
Charles Klingensmith, Program Manager
Human Services/Drug Abuse Project
Miami-Dade Community College

The reviewers were instructed to offer any comments and/or criticisms that they deemed appropriate. The reviewers were told that their comments should specifically relate to the following questions:

1. Are all terms clearly and succinctly defined? If not, what suggestions would you make for improvement?

2. Are there sections of chapters that do not fully communicate?

3. Is the language employed appropriate to our audience?

4. Are there sections within the chapter that are overly repetitious?

5. What sections of each chapter might be appropriately linked to other chapters within the text? Can you suggest means that will tie specific chapters to the total effort?

6. Does the introduction and summary speak to the chapter's content?

7. What suggestions can you offer regarding visuals for the chapter?

8. What activities can you suggest for each chaper?

9. Can you offer additional readings?

10. What is the overall impact of the chapter?

The reviewers were broken into two groups. One group was composed of Mr. Pavoff, Dr. Frankel, and Dr. Veit with Mr. Klingensmith as the facilitator. The second group was composed of Dr. Farkas, Dr. McAlpine, and Dr. Westman with Mr. O'Connor as facilitator.

Because the reviewers were also writers, it was decided that no one person or group would review his own material or material from members of his groups. Mr. Klingensmith and Mr. O'Connor recorded the comments offered by the groups. Later, they were to meet with individual writers and Mr. Olson, project editor, to offer feedback suggested by the reviewers.

The comments of the reviewers were generally complementary. However, as a result of the reviews and the editing of Mr. Olson the text was further revised.

JANUARY, 1978
ROUGH DRAFT

TEXTBOOK

AN INTRODUCTION TO HUMAN SERVICES

MIAMI-DADE COMMUNITY COLLEGE
HUMAN SERVICES/DRUG ABUSE PROJECT

AN INTRODUCTION TO HUMAN SERVICES
CHAPTER TITLES AND CONTENT
JANUARY, 1978

PART I - THE EMERGENCE OF HUMAN SERVICES

I. Evolution of the Human Services - Evolution of Human Services concept - Drug Abuse and the evolution of a Human Services specialty - Emergence of other Human Services activities - Definition of Human Services - Credentialing process and Human Services workers - Career decisions and Human Services - Preparing for a Human Services Career.

II. Human Services and the Social Sciences - Need for the application of science to human problems - Defining the social sciences - Disciplines comprising the social sciences - Potential limitations of the social sciences - How the social sciences relate to Human Services.

III. The Impact of Technology on Society and the Individual - Concept of change - Roles and functions - Technology and the family - Communication - Surplus population - The Human Services worker's role.

IV. Institutions In Crisis - Evidence of an institutional crisis - The family - The school - The school and the cultural crisis - The school and problem dependencies - Multi-dependency.

V. Toward a Theory of Habilitation - The concept of deviancy and its relevance to Human Services - Historical treatment of the deviant - The use of the "medical model" - The "medical model": a criticism - Toward a Human Services model - Drug abuse treatment: a challenge to the medical model.

PART II - THE WORKER, THE COMMUNITY, THE CLIENT

VI. Roles and Functions of the Human Services Generalist - The current situation - The case for the generalists - The roots of the problem - Generalists as agents of change.

VII. Understanding the Client: A Psychiatric Perspective - Theories of personality - Basic concepts of psycho-analysis -Erickson's eight stages - Theory of personality of Harry Stack Sullivan - Culturalism, second generation phenomenon and racism.

VIII. The Human Services Worker and the Client - Establishing client rapport - Client interviews - Intake interview - Case history.

IX. The Human Services Client as Consumer - Human Services organizations - The Consumer Movement: Protecting the public from dangerous goods and dishonest services - The consumer movement in Human Services - The Human Services client - Actualizing client feedback - Privacy and confidentiality: an illustration of an attempt to protect Human Services clients as consumers - Human Services clients organizing themselves - Deprofessionalizing the professions.

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AN INTRODUCTION TO HUMAN SERVICES
CONTRIBUTING AUTHORS

Bridgeforth, Mamie (Chapter VIII)
Professor, Behavioral Science Department
Essex County Community College
Newark, New Jersey

Broskowski, Anthony (Chapter VI)
Northside Community Mental Health Center
Boston, Mass.

Farcus, Marshall (Chapter III)
Deputy Director, Comprehensive Drug Program
Department of Vocational and Rehabilitive Services
Dade County
Miami, Florida

Frankel, Hyman (Chapter V)
President, Center for Human Services
Washington, D.C.

Glenn, H. Stephen (Chapter IV)
Director, National Drug Abuse Center
Washington, D.C.

Klingensmith, Charles (Chapter XIV)
Program Manager, Human Services/Drug Abuse
Miami-Dade Community College
Miami, Florida

Leary, Louis (Chapters IX, XIII)
Department of Health
State of California
Sacramento, California

McAlpine, Jefferson (Chapter VII)
Deputy Director of Mental Health
Human Resources Department
Washington, D.C.

Nelson, Catherine (Chapter X)
Chairperson, Human Services Department
St. Louis Community College
Forest Park Campus
St. Louis, Missouri

O'Carroll, Michael (Chapter XIII)
Health Planning Analyst
Health Department
State of California
Sacramento, California

O'Connor, James (Chapter XV)
Director, Human Services/Drug Abuse Project
Miami-Dade Community College
Miami, Florida

Olson, Joseph L. (Chapters I, IV, V, XIV)
Academic Coordinator, Human Services/Drug Abuse Project
Miami-Dade Community College
Miami, Florida

Roth, Jessica (Chapter XII)
Social Worker
Sacramento, California

Roth, Julius (Chapters IX, XII)
Professor, Department of Sociology
University of California, Davis

Smith, Kara (Chapter VIII)
Professor, Behavioral Studies Department
Essex County Community College
Newark, New Jersey

Veit, Walter (Chapter II)
Associate Professor, Social Science
Burlington County College
Pemberton, New Jersey

Westman, Wesley (Chapter XI)
Director, Drug Abuse Program
Veterans Administration Hospital
Miami, Florida

Yessian, Mark (Chapter VI)
Department of Health, Education and Welfare
Suffolk University
Boston, Mass.

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DRAFT
MIAMI-DADE COMMUNITY COLLEGE

CHAPTER I

EVOLUTION OF THE HUMAN SERVICES

INTRODUCTION

While the term "Human Services" is relative new, the meaning that it implies is as old as mankind. It's practitioners are endowed with the same altruistic spirit that has historically elevated the human condition. Because of the newness of the Human Services career field, and the manner in which it evolved, it has not yet acquired the organized body of knowledge and skills that distinguish it from other client-centered vocational pursuits. However, as demands for licensure and credentialing intensify, its academic content will solidify.

For our purposes, we propose to narrow the applicability of the term "Human Services" to include those services that are intimately related to the emotional, psychological, and physical needs of the client.

The major area of concern for the Human Service worker is in the area of problem dependencies, which in turn are intimately linked to the qualitative aspects of the process of habilitation. This chapter will introduce and define these two key concepts.

Further, we will look at some of the activities that employ significant numbers of Human Services practitioners.

Lastly, we will explore the opportunities available for the would-be careerist and provide some answers to questions likely to be posed by candidates for the Human Services profession.

EVOLUTION OF HUMAN SERVICES CONCEPT

From a cursory examination of contemporary popular culture--the movies, television, comics, newspapers--one might conclude that man's ascent from the cave occurred with little change in attitude or behavior. Because the media *does* frequently distort the image of the human potential, we are often oblivious to the altruistic side of the human personality. In every culture there have been individuals who have, often at great personal sacrifice, given of themselves to make life meaningful for others. Were it not for Dorothea Dix, we might still consist mental illness a manifestation of demonic possession; were it not for men like Thaddeus Stevens and Horace Mann, we might still regard education as a luxury for the well-to-do; and were it not for those willing to sacrifice their very lives, the bondage of slavery might never have been broken. From just such revolutionary sentiments the career field of Human Services was born.

Until the 1960's the term "Human Services" was non-existent. What problems there were in society, it was apparently felt, were subject to amelioration by existing institutions. But the '60's were a decade of questioning, protest, turbulence, and change. It was, in hindsight, a truly revolutionary epoch. It was as if all of society's I.O.U.'s were presented simultaneously for redemption. We became aware of the great gap between technological and social progress. We discovered that within the midst of plenty there were numerous pockets of poverty. We became aware that our cities were deteriorating, and that their very rot was smothering any hope of possible escape. And then, from the depths of despair those who refused to succumb began to attack those conditions and restraints that mocked the American dream.

They struck, sometimes ineffectually, at the exploiters of the poor: the slum lord and the short-weight grocer. They created centers to care for children of working mothers; and with the help of established institutions and professionals, they created free clinics and programs for the elderly. Initially, these programs were operated without governmental assistance, but with the creation of the Office of Economic Opportunity, they became joint enterprises of people and government.

These new endeavors first appeared as a response to problems either ignored or inadequately defined by the broader society. The early leadership in these activities came from those whose lives had been adversely affected by the problem itself. These leaders possessed no formal credentials for their new careers, save those secured from life itself. But they were successful, and their success resulted in more enlightened approaches to the problem.

DRUG ABUSE AND THE EVOLUTION OF A HUMAN SERVICES SPECIALTY

A prime example of these new endeavors is in the area of chemical substance abuse treatment, rehabilitation, and prevention. Only a few years ago, the "drug abuser" whose addiction or habituation was obvious was a "dope fiend," and subject to severe social reprisal. The less obvious abuser--the user of sleeping potions and tranquilizers--was not generally viewed as a component of the problem. Alcohol, branded by the National Institute of Drug Abuse as our most abused drug, was likewise not considered a part of the drug problem. The "drinking" phenomenon was rationalized as something far less serious. Individuals, to be sure, had different degrees of involvement with their "problem"; and we had developed a rather specialized vocabulary to describe the different categories of imbibers. The ner'-do-well was a drunkard, while the middle-class imbiber, even though he might occasionally drink to excess, was usually regarded as a "social drinker."

The public-accepted belief, until a few decades ago, was that dependence on drugs (the illicit kind) and alcohol was the consequence of a weakened moral fiber. The prescription for redemption was simple: Ascend to a higher moral plane. Billy Sunday's evolution from drunkard to evangelist and Barney Ross' odssey from boxing champion--to "dope fiend"--to a rehabilitated member of society as told in "God Was in My Corner" speak to this assumption. And this belief was at the base of the first successful lay-approach to the rehabilitation of the substance abuser.

"Alcoholics Anonymous" was founded in 1935, by two alcoholics, William

Wilson, a businessman and Robert Smith, a physician, both of Akron, Ohio. The literature of the organization gives abundant recognition of the need to accept "a power greater than myself," but even so, it is far more than a "find God and get cured" organization. Its remarkable and much publicized success (22,000 groups in 92 countries) rests equally on the assumption that only those who have successfully waged the battle with the bottle can really afford aid and comfort to the currently beseiged. In 1958, Charles Dederich, an alcoholic rehabilitated through Alcoholics Anonymous participation, founded "Synanon," the first therapeutic community devoted to the treatment of heroin addicts.

The idea of degeneracy is retained at Synanon, but it is decreed in social rather than religious terms. New entries in the program must admit that they are "dope fiends." They cannot conceal their "depravity" through such euphemisms as "addicted." Roles in the therapeutic community are assigned to the initiated based upon this debased status: cleaning toilets, scrubbing floors, and other menial tasks. Only when the novice is capable of recognizing the depths to which he has sunk--only when he has reached a true appraisal of self--can the process of personality reconstruction begin.

The process of personality redefinition occurs as a result of community coercion accompanied by sympathetic understanding and acceptance. The initiate must reveal his innermost fears, apprehensions, and inadequacies to the scrutiny both of himself and the group; and as the crutches of self-deception falter, the group offers itself as more substantive support. The group understands: all have trod the same path.

In the 1960's, when heroin moved from the slums to the suburbs, the country witnessed a virtual explosion of drug treatment centers, utilizing the volunteer ex-addict as the prime agent in rehabilitative efforts. While the starting point for these activities were the Alcoholics Anonymous and Synanon, new methodologies were also developed. As the problem of middle class drug abuse proliferated, so did the number of community supported treatment facilities. In many instances, the volunteer became a paid employee, and was joined by the more traditional professional.

As the professional entered the drug abuse picture, he found that success in treatment depended to a large extent on his learning the techniques employed by the ex-addict practitioner. Thus, the creators of successful treatment techniques found themselves in the peculiar position of being simultaneously tutors and subordinates of the older professionals. Unfortunately for the ex-addict, the johnny-come-latelys had credentials which recognized their competence. The developer of the successful techniques did not.

To fill the needs of the ex-addict, many colleges and universities began to develop specific programs for this purpose, many actually awarding credit for learning that had been derived from practical experience.

THE EMERGENCE OF OTHER HUMAN SERVICES ACTIVITIES

Other areas of the Human Services originated to meet very specific needs within the structure of existing institutions. As all are aware, the cost of state and local governments have increased at a stupendous rate, partially as a result of inflation, but, more importantly, as a result of a vast expansion of services offered by governments. As a result, many core providing institutions have encountered severe difficulty in maintaining quality service. Nowhere is this more true than in the area of mental health.

Quality service in this area has been particularly hurt by the dollar crunch. Because the stresses of modern life and the growing recognition that mental debilities are an illness, demands placed on psychologists and psychiatrists have grown faster than the state and local government's ability to meet them. With the price of securing more psychologists and psychiatrists prohibitively high, agencies began to experiment with new categories of personnel to meet this need. As the skills and competencies required of these new personnel crystallized, institutions of higher learning--particularly community colleges--launched programs especially designed to meet such needs.

A description of one such program, Mental Health Technology, appears in the catalog of Miami-Dade Community College:

> Designed to develop human relations skills as well as knowledge and understanding of mental retardation, emotional disorders and related problems, this two-year program prepares the graduate to work with the emotionally disturbed and/or mentally retarded in recreational activities, cottage life, classroom situations, behavior modification programs and a variety of educational and therapeutic activities. The technician may work indepently or assist the professional in delivering appropriate services. [1]

As in the area of mental health, other institutions and agencies of government found a need for new categories of personnel. In education it was the teacher's aid. This new career involved assisting the teacher in routine classroom management functions that ranged from collecting lunch money to administering and grading tests. Often the teacher's aid would monitor, and in some instances supervise, recreational and play activities. It was not unusual to find teachers' aids actually participating in the instructional program itself. The prime justification for this program, however, was to enhance the classroom teacher's opportunity to deal more effectively and professionally with each child.

In other instances, older occupational categories began to take on new meanings. Jail guards had long before become "correctional officers,' but the change in title did not necessarily mean a change in attitude. By the 1960's, society had generously come to recognize that if incarceration were to have any socially desirable consequences jails and prisons would have to become more than mere institutions for warehousing criminals. The introduction of better food, vocational training and educational opportunities, work release programs, and conjugal visitations were steps in the right direction. But they were be all to little avail, unless the attitudes of those who dealt more directly with the prisoner could be changed. Thus, state prisons and county and city jails initiated programs to develop within custodial officers new occupational role definitions. As in the case of substance abuse workers, teachers' aids, and mental health technicians, institutions of higher learning began to offer programs geared to this end.

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[1] Miami-Dade Community College Catalog, 1976-1977, Miami-Dade Community College, 1976.

"Corrections" is only an aspect of a much larger problem. The greatest challenge an ex-offender faces is in securing a socially productive role at the time of his release, certainly no easy accomplishment. His past incarceration, regardless of the intensity of the institution's attidudinal change program, does not guarantee his acceptance by society. A series of abruptly terminated interviews, employment rejections, or severances from employment upon disclosure of imprisonment can rapidly erode the entire process of enlightened corrections. Thus, emerging from the needs of the ex-prisoner are a whole cluster of activities relating to offender rehabilitation and community attitudes. These include such client-centered activities as the operation of half-way houses, and vocational training programs, and such external activities as negotiating with prospective employers on the ex-offender's behalf, social and economic and educating the community to the benefits to be derived from a successful offender rehabilitation.

Just beginning to appear on the Human Services horizon are a number of Human Services programs designed to meet the needs of the nation's elderly that are a far cry from the incarceration of the aged in "old folks homes." In some instances the students in these programs are the elderly themselves.

Problems that these Americans face is the consequence of two salient facts: (1) The decline of the social welfare functions of the family and (2) Traditional "youth oriented" attitudes of Americans.

The extended family was never commonplace on the American scene. What remnants there were have been severely eroded by the increasinging mobility demanded of contemporary life and a growing assumption of responsibility by governments (state, local and national) toward the financial plight of the elderly.

Americans, perhaps more than any other people, have placed an extraordinary premium on youth. Television bombards us with the need to think young and offers a veritable plethora of nostrums that promise an appearance of perpetual youth. We are led to believe that to grow old is un-American. Such an attitude is in sharp contrast with the cold statistical data amassed by the bureau of the census. Already, we are a nation with a mean age of 27, quite old in comparison to most of the world's nations. In the 1970 census those over 65 constituted 9.9% of the national population--an almost three-fold increase in less than a century. If the birth rate continues the decline first registered in 1968, the year 2000 will see approximately 20% of the national population over the age of 65. Thus, this area of the Human Services is ripe for expansion.

What kinds of activities do contemporary gerontology programs embrace? Loneliness and poverty are two of the major problems of this age-group, and there are a host of programs that have sprung up in the past few years to combat these twin dilemmas. Groups of the elderly have been organized, not only as agents of social restoration, but also to render mental, emotional, and physical passivity into activity. In one creative approach, a church group was able to locate apartments for its elderly membership on a metropolitan college campus within close proximity of the child care center. Not only were the elderly encouraged to participate in the full intellectural life of the campus and to utilize its recreational facilities, but, it was felt, the presence of the very young, the students, and a more mature faculty offered a unique opportunity to challenge the age barriers that have artifically separated generations of Americans.

In no way have we attempted to include all the kinds of people or agencies associated with the Human Services career complex. Our sole purpose in discussing specific kinds of activities was to emphasize the dynamism of the Human Services concept and to provide the reader some idea of the immensity of this career field. In a later chapter (Chapter VI) a more detailed description of the roles and functions of the Human Services practitioner can be found.

HUMAN SERVICES: IMPRECISION OF DEFINITION

By 1968 these multiplying, new endeavors received national recognition when Congress passed the New Careers Act, and for the first time in national legislation used the term "Human Services." The purpose of this act was two-fold: 1) to provide educational and training opportunities for those who were already involved in such activities and 2) to provide educational and training opportunities in these endeavors to meet accelerating societal demands. Specifically, the activities that the federal government, through the Department of Health, Education, and Welfare, considers under the broad designation of Human Services are: " . . . any service or financial assistance provided to individuals or their families to help them achieve or maintain personal independence and economic self-sufficiency, including health, education, manpower, social vocational rehabilitation, aging, food and nutrition, and housing services."[2]

Unfortunately, there is not now among colleges and universities a commonly accepted definition of the term "Human Services." With this absence of concensus, therefore, it is not surprising to find seemingly disparate placements of Human Services programs within the instructional units of institutions of higher learning. In one study,[3] of schools in the Southern Association of Colleges and Universities, Human Services programs were lodged in the following areas: Allied Health, Social Science, Law Enforcement, Arts and Sciences, Technical programs, and Human Services/Public Service. Sometimes they were simply lodged in areas designating their specialty, such as gerontology. Further, this same study revealed that such diverse programs as "Child Care, Mental Health, Teacher Aid, Social Work, Corrections, Drug and Alcohol, Gerontology, Counselor Associate, and, in one instance, working with the deaf" were considered by various institutions to be Human Services programs.

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[2] Review,, Special supplement, December, 1976 (Federal Register, Vol. 41, No. 235), pp. 2.

THE CREDENTIALING PROCESS AND HUMAN SERVICES WORKERS

Such ambiguity, given the newness of the concept, is easily understood. In other instances, where the threat of licensure looms large, a more precise definition will have to emerge. At present, those activities that involve direct or third party (insurance or governmental companies) payments. The question foremost for the indifidual and the third party payee is: "Where is the evidence that indicates that those rendering service to the client are really competent to do so?" If the care-giver were a member of the healing arts he could offer such evidence: he or she would be licensed. His license would be based on the acquisition of certain credentials--diplomas, certificates or degrees--with the added requirement, in some instances, of demonstrating a competency in those skills and knowledge areas germane to his field. One does not need the gift of prophecy to predict that, shortly, Human Services practitioners will be faced with similar requests.

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[3] Southern Regional Education Board, *Community College Training Programs for Human Service Workers: A Report of a Study* (Atlanta, 1975).

The above oversimplified version of what is,in fact, a rather complex, not necessarily lock-step progression that would require: (1) certification, (2) accreditation, and (3) licensure.

Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. Certification alone places undue hardship on the Human Services worker in that the absence of agreed upon criteria for occupational placement seriously impairs his occupational mobility.

Accrediation is defined as the process by which an agency or organization evaluates and recognizes a program of study or an institution as meeting certain predetermined qualifications or standards. Accrediation applies only to institutions and their program of study or the services that they render. Until Human Services agency needs are more completely specified, their translation into evaluative means for accrediting facilities and educational programs cannot occur.

Licensure, as applied to individuals, consists of the process by which an agency of government grants permission to persons meeting predetermined qualifications to engage in a given occupation. Licensure, as applied to agencies, is a process through which agencies are accorded the right to engage in specific functions. In most states those agencies that are directly concerned with the emotional, psychological, and physical well-being are licensed. The licensing of personnel within these agencies, however, is frequently not required at this time.

The process of credentialing Human Services workers is at various levels of completion among the several states. The achievement of full professional status for Human Services practitioners ultimately depends upon the completion of the entire credentialing process.

FOCUS OF THIS TEXT

The basic premise undergirding this text is that there are basic skills and competencies from a wide range of academic areas that all members of the Human Services enterprise should possess. There are concurrently unique skills and competencies for those who serve the needs of specific clientele categories. Quite obviously, for example, the needs of clients in a substance abuse facility are quite different from those of clients in a program dealing with gerontological problems.

This text is only tangentially concerned with specialized content. It is more directly concerned with the generic needs of a Human Services program; that is, those needs common to all or most Human Services. The recognition of a generic base is an essential element in promoting a clearer definition of what Human Services personnel are. Further, with the multiplicity of specialties that are currently under the Human Services umbrella, the acquisition of a generic knowledge-skills base will afford not only enhanced opportunities for initial employment, but will concurrently provide greater opportunities for personnel mobility within the total complex of the Human Services.

The concern manifest in this text, and certainly the major concern of Human Services practitioners, is with the emotional, psychological, and, the physical well-being of the client. We are concerned with the management and staffing of agencies that directly address themselves to problem dependencies. By problem dependencies we mean problems associated with those individuals whose process of habilitation has been inadequate or has been such that they are rendered incapable of adequately coping with themselves or with others in their social environment. By habilitation, we mean, that process through which an infant--totally dependent at birth--becomes an inter-dependent, self-reliant individual capable of meeting the demands imposed by his social environment.

Problem dependencies may manifest themselves in a host of different ways: the elderly, denied meaningful interaction; the child from a culturally impoverished background unable to compete with his school peers; the prostitute, whose skills inventory and quality of habilitation have been such that more socially acceptable employment is impossible; the junkie; the chronically unemployed; the recidivist in the criminal justice system--all are products of an inadequate or aborted process of habilitation. All are prospective clients of the Human Services worker. How well the worker understands the problems of his client and the inadequacy of the client's habilitation process, the more likely he is to provide the quality of care that will enable the client to perform a socially productive role and to realistically cope with the tensions of daily life.

THE HUMAN SERVICES: CAREER DECISIONS

Before fully committing oneself to a career in Human Services, the prospective candidate for such employment would be wise to assay his own aspirations and personal attributes against the rewards, demands, and career opportunities available in the Human Services. Among the questions one should ask himself are: What are the prospects for employment? What does a Human Services career offer in terms of personal security? What are the opportunities for career advancement? What earnings can I anticipate? What are the other rewards offered by the career field? What personal attributes are essential for the successful Human Services practitioner?

As we approach these very practical questions, the reader must bear in mind that the writer is of necessity making broadly based generalizations. It is strongly recommended that the student acquire more definitive answers to these questions by checking with his Human Services instructor and with specific Human Services agencies in his community. With these qualifiers in mind, let us examine each of the questions from the paragraph above.

What are the employment prospects:

While Human Services are an expanding element in the nation's economy, career opportunities are not as abundant as one might assume, particularly for the individual whose highest academic attainment is the two-year degree. Part of the difficulty encountered by the two-year graduate is in terms of competition offered by those holders of higher degrees who, unable to find employment in their first-choice field, have opted for interim careers in the Human Services. This is particularly true of those whose first career choice was in education, particularly in the social sciences. It is anticipated, however, that this situation will be of relatively short duration. Our optimism in this regard is based upon the following: (1) Human Services programs are relatively new and many administrators of such programs are holders of more traditional degrees. However, as Human Services programs proliferate and agency heads become more familiar with the unique and valuable educational experiences of Human Services workers "second choice" competition will diminish. (2) As college students become aware of the limited opportunities for employment available in their first choice careers, they will channel their intellectual energies toward career objectives that afford greater employability. (3) As the credentialing movement intensifies, requirements for entry-level practitioners will favor those with specialized Human Services competencies and skills.

What does a Human Services career offer in terms of personal security?

A single answer is impossible for such a question. To a large extent job security depends upon the kind of financial support the particular Human Services activity is accorded. If the activity is part of the normal budgetary considerations of the state or local government, one can anticipate a relatively high degree of security. If the activity is funded through the medium of grants received from governmental sources or private agencies, however, the maximum guarantee that a prospective employee would receive would be in terms of the duration of the grant. Employees hired in this category are normally deemed "excepted" personnel. "Excepted" employees are those not accorded civil service protection and normally do not accrue retirement and other fringe benefits. Prospective Human Services practitioners, neophytes in the field, should consider grant-supported activities only when more permanent opportunities are not available. These activities, after all, are a means of acquiring practical training in the field. One metropolitan director of Rehabilitative Services, responsible for a wide variety of Human Service activities within his county, informed the writer that 77% of his operating expenses were derived from federal grants. Because of his mastery of the art of grantsmanship he was able to provide a high degree of worker security by merely shifting employees from projects with expiring funds to projects just commencing.

What are the chances of advancement?

Because the career field is relatively young and expanding, the opportunities for professional growth are quite good. Many of the present supervisory and management functions of many of the newer agencies are staffed by persons who had their first introduction to the Human Services only a few years previous. This phenomenon, however, will probably be of short duration. As the concept of Human Services becomes more institutionalized, we can safely anticipate that the higher status slots will be occupied by individuals with advanced academic training in management and supervision.

Students contemplating career advancement should, therefore, simultaneously recognize the need for broadening their educational background.

What earnings can I anticipate?

The answer to this question depends to a large extent on where and by whom you are employed. In a concerted attempt to answer this question the author rummaged through a number of government publications including the Census Bureau's Statistical Abstract and Occupational Outlook Handbook, 1976-1977 (U.S. Department of Labor, Bureau of Labor Statistic, 1976). While this document had no listings for Human Services practitioners as such, there were several listings for specific categories of workers. For those entering these career fields with less than a four-year degree, annual salaries were quoted at from $5,000 to $8,000. Maximum earning potential (with higher degree requirements) was placed at $19,000. Unfortunately, again as a result of the newness of the field, more complete statistical information is not available. However, to the certain knowledge of the author, there are two-year degree holders operating substance abuse programs in major metropolitan areas who earn incomes in the neighborhood of $25,000. Again, we strongly recommend that students anticipating a Human Services career check with local agencies for more definitive information regarding salaries in their area.

What are the other rewards offered by this career field?

No one, quite obviously, would consider going into the Human Services career field with the thought of becoming rich. If such thoughts are harbored by the prospective Human Services candidate, they will rapidly dissipate in the face of reality. One who would become part of the Human Services complex must seek his rewards in another sphers; he must find it in the satisfaction that is derived from helping others. What greater satisfaction could one derive than to assist a dependent social liability in his transformation into an inter-dependent, socially conscious, productive member of the community?

What personal attributes are essential for the Human Services worker?

The Human Services practitioner works with a wide variety of persons whose past experiences frequently have left deep psychological and emotional scars. A primary function of the practitioner, therefore, is to assure that he is capable of providing the kind of helping relationship that will return the client to a relatively self-reliant, productive role in society. The practitioner, while offering this supportive role, must never lose sight of the agency's ultimate goal regarding the client. The kind of support that the practitioner offers cannot, therefore, be "permissive coddling." If such a stance is assumed, the agency's habilitation goal will be unnecessarily prolonged or totally aborted. Thus, while empathy is a commendable, even essential attribute of Huamn Services workers, it needs to be modified by a commonsense recognition that ultimately the resolution of the dependency problem is in the head of the client.

In many areas of the Human Services, problem resolution is facilitated by a variety of counseling activities. The clients' involvement in such activities must always be borne in mind. The practitioner prone to make moral judgments regarding the clients' past or present behavior can serve only as a barrier to the achievement of the agency's ultimate mission. (See Chapter VIII)

Since a major role of the practitioner is in highly interpersonal relationships, the successful careerist will have to exhibit the kind of patience that is the mark of the good listener. Patience will assure that one hears all the facts and will assure the avoidance of hasty solutions and overly broad generalizations. Patience is an absolute essential for the successful practitioner.

Above all the Human Services practitioner must be discrete. Much of what he sees and hears in the course of his work is of a highly confidential nature. Because of the significance of confidentiality to the Human Services we have devoted a major part of Chapter X to this subject.

In addition, the Human Services practitioner should possess sufficient communications skills that will enable him to communicate not only with the client and other staff members but with external professionals concerned with the clients' welfare and progress (psychologists, psychiatrists, social workers, parole officers, etc.).

Every aspect of the bureaucratic world requires accurate maintenance of records and the Human Services are no exception. To be a successful practitioner, therefore, one must evidence a concern for detail and be an effective recorder.

The Human Services practitioner, if he is to be effective as a behavior changer, needs to know who he is. He must be able to transcend his own value system and cultural predispositions and see the clients' problems from the perspective of the client. While the effective practitioner must be a self-confident individual, that confidence must be tempered by a recognition of his own weaknesses and fallabilities. He must see himself in the perspective of a team member, as an agent but not the agent of personality change. He must manifest the same degree of confidence in others on the team that he has in himself. He must view each of his helping relationships as unique. Tactics that proved successful for other similar problems may not be applicable in all situations.

PREPARING FOR A HUMAN SERVICES CAREER

As a one-time college program advisor the author is well aware that students frequently indicate career choice preferences with a minimum appreciation of the time dimensions and demands of the field selected. As a result, it is not uncommon for a student to change career objectives one or more times during his college career. Even after graduation, career field changes are not uncommon. In a recent study it was found that "over half of college graduates end up in fields other than their majors within six years."[4]

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[4] The Christian Science Monitor, February 14, 1977, sec. B, page 3.

Such findings behoove the student to inventory his own needs and aspirations and to weigh those against the opportunities for self-fulfillment offered by his career choice.

From all that has been said it should be obvious that the Human Services practitioner must not only have a strong desire to help others, but should concurrently possess a knowledge base facilitative of this end. Such a knowledge base should draw heavily from those areas likely to enhance the future practitioner's interaction skills and his understanding of individual and group dynamics. Thus, the student should assure that his preparation include liberal offerings from the behavioral sciences, particularly psychology and sociology.

SUMMARY

We have seen that the career field of Human Services, or helping professions, is relatively new and that the organized body of knowledge and skills providing its unique identity is still in the formative stage. As a result of the newness of the concept, one will find a variety of descriptors and program placements in colleges and universities under the designation of Human Services. The position adopted by this text is that the Human Services practitioner's major concern is with the habilitation needs of the client and the resolution of his problem dependencies. Thus, our focus is on the emotional, psychological, and to a lesser extent the physical needs of the client. As the move toward credentialing this kind of Human Services worker intensifies, we can realistically anticipate a growing concensus regarding the kinds of knowledge, skills, and competencies that he needs; and as those needs become more crystallized, there will be a concurrent concensus on the meaning of the term "Human Services."

We have surveyed some (but by no means all) of the areas in which Human Services practitioners are involved. We have attempted to fairly present the opportunities and limitations offered by this career choice and again ask that each would-be practitioner engage in an excercise of critical self-appraisal before permanently locking in on Human Services as a career choice.

Glossary:

Accrediation: The process by which an agency or organization evaluates and recognizes a program of study on an institution as meeting certain predetermined qualifications or standards.

Certification: The process through which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

Habilitation: That process through which an individual becomes an inter-dependent self-reliant person capable of coping with his social environment.

Human Services: Those helping relationships established with clients to assist them in meeting their emotional, psychological, and physical needs. The major task of Human Services workers is to assist clients in the resolution of problem dependencies.

Licensure: The process by which an agency of government grants permission to persons or groups that have met predetermined qualifications to engage in specific activities.

Problem Dependencies: These problems associated with individuals whose process of habilitation has been inadequate or has been such that they are incapable of adequately coping either with themselves or others in their social environment.

SELF TEST

1. While the term Human Services is relatively new, there is a long historical record of what we would define as "Human Services". TRUE or FALSE

2. From our survey of Human Services activities we can conclude that all Human Services workers
   (A) Are concerned with the habilitation needs of clients
   (B) Are concerned with the psychological,emotional and physical needs of the client
   (C) Are concerned with the resolution of problem dependencies
   (D) All of the above
   (E) None of the above

3. The study by the Southern Regional Education Board cited in this chapter indicated
   (A) Little concensus on those activities that we define as Human Services
   (B) General agreement on those activities that we define as Human Services
   (C) Agreement on generic Human Services needs but not on specific needs
   (D) Agreement on specific needs, but not on generic needs

4. Generally, Human Services workers are
   (A) Part of the civil service system
   (B) Are part of the private sector of the American economy
   (C) Fee takers rather than salaried persons
   (D) Enjoy a high degree of job security

5. Most who enter the field of Human Services will find their greatest satisfaction in
   (A) The income they earn
   (B) The security the job affords
   (C) His success in resolving his clients' problem dependencies
   (D) The power they wield over their clients

6. Perhaps the greatest advantage to a generically based Human Services educational program is that
   (A) It provides greater depth than other educational programs
   (B) It provides the practitioner with greater lateral mobility
   (C) It provides the practitioner with greater vertical mobility
   (D) It prepares him to assume the role of a specialist

Activities

1. Visit several different types of Human Services agencies. Determine the minimum educational qualifications. What kind of educational experiences are reflected in the various agencies. Is their concern over the credentialing of personnel?

2. Survey the Human Services needs in your community by a careful reading of the daily newspapers. What kinds of problem dependencies appear to attract the greatest notoriety? Are there Human Services agencies or programs that address these needs?

3. Determine what colleges and universities in your area offer post-graduate programs in Human Services.

Answers

1. False
2. B
3. A
4.
5. C
6. B

Suggested Reading

Social Services Review (a journal of social services)University of Chicago Press, Chicago

Social Policy (Journal) Social Policy Corporation, New York

Drug Program Review , special issue, January 1976, Career Development Center, Washington (Entire issue devoted to career credentialing in Clinical Substance Abuse.)

Intervention In Human Services, Schulman, Everline D., C V Moby Company, St. Louis, 1974.

CHEMICAL SUBSTANCE ABUSE MODULE TITLES AND CONTENT JANUARY, 1978

MODULE NUMBER ONE

Chemical Substance Abuse in America: What is Abuse? Who is the Abuser? - Covers who is substance abuser - distinguishes between drug use and drug abuse - covers sociological and psychological factors contributing to use of drugs - who is entering drug scence?

MODULE NUMBER TWO

Drug Abuse: Devising and Implementing Social Policy - Difficulties of devising policies for coping with drug abuse - social policy formation and implementation - roles and functions of Drug Enforcement Administration

MODULE NUMBER THREE

Dimensions of Chemical Substance Abuse in America - Historical perspective - culture factors which influenced drug explosion - drug use, crime, and economics, social consequences of chemical substance abuse - victims, pushers, coping with drug problem through education.

MODULE NUMBER FOUR

Drug Abuse: Treatment, Rehabilitation, Prevention, and Alternatives - Elements of treatments and rehabilitation - historical background of various treatments - philosophy, goals and objectives - prevention through alternatives.

JANUARY, 1978
ROUGH DRAFT

MODULE SERIES

CHEMICAL SUBSTANCE ABUSE

MODULE NUMBER ONE

CHEMICAL SUBSTANCE ABUSE IN AMERICA: WHAT IS ABUSE? WHO IS THE ABUSER

MIAMI-DADE COMMUNITY COLLEGE
HUMAN SERVICES/DRUG ABUSE PROJECT

INTRODUCTION

This module addresses itself to the question: Who is the substance abuser? What is abuse? In the selections that follow, the blurred distinction between drug use and abuse will be discussed and the term "drug" in its social rather than scientific connotation will be explored. You will become aware of the extent of chemical substance use by various categories of persons as revealed in several national and local studies. Further, this module will discuss the sociological and psychological factors contributing to substance use. At this point, you should be cautioned against making any unwarranted assumptions regarding causative factors in the area of chemical substance use. No authoritative source of which we are aware suggests any single factor as the determinant of substance abuse.

This module will also discuss entry into the drug scene, the maintenance of the habit or addiction, the extent of chemical substance use, and the behaviors manifested by various categories of users. It also includes a brief discussion of drugs, legally obtainable, that carry very mild social approbations, but which nevertheless are substances of abuse.

The first selection is taken from Problems and Perspectives, 2nd Report of the National Commission on Marihuana and Drug Abuse, Government Printing Office, 1975 (pp. 17-19). As you read this selection you should be cognizant of the fact that the "drug problem" is of very recent origin, and may, in fact, be but a manifestation of other significant changes that have occured within society. With the virtual explosion of the drug epidemic, governmental response was severely handicapped because of the vagaries of public policy regarding narcotics and "dangerous drugs." While more cohesive public policy began to emerge in the latter part of the '60s, it was so thoroughly couched in legalistic terms that marihuana usage continued to increase throughout the remainder of the decade.

You will note as you read that a major problem in formulating adequate social policy is in the area of chemical substance use is partly a result of our having defined the components of the problem in social rather than in scientific terms.

> "During the last decade, succeeding waves of halluciongens, amphetamines and barbiturates escaped from the laboratories, pharmacies and medicine chests and found their way into the streets. Together with marihuana, which moved from one socio-economic "street" to another, use of these drugs defined a new phenomenon and became associated with a new kind of drug user. To a substantial degree, the narcotics policy had from the beginning been identified with underprivileged minorities, criminals and social outsiders in general, although a common feature of each periodic drug scare, including cocaine at the turn of the century, heroin in the 1920's, marihuana in the 1930's and heroin again in the 1950's, was the fear that drug use would spread to youth. However, the drug problem of the 1960's was clearly identified with the children of the middle and upper classes. Drug use was now associated with unfamiliar life styles, youthful defiance of the established order, the emergence of a visible street culture, campus unrest, communal living, protest politics and even political radicalism.
>
> The drug taking of this youth population coincided with pervasive social anxieties regarding social disorder in general and youthful behavior specifically. To many, youthful drug use offered a convenient explanation for these problems, and, as the Commission noted in its first Report, marihuana in particular came to symbolize the entire spectrum of social concern. Existing legislative controls and vocabulary were closely tied to the old stereotypes, and society responded to this new drug-using behavior through separate legislative action (the Drug Abuse Control Amendments of 1965) and a new linguistic symbol. "Dangerous drugs" emerged as the statutory label for the non-narcotic drugs, such as hallucinogens, amphetamines and barbiturates, whose non-medical use was socially disapproved.
>
> The single-mindedness of American drug policy is illustrated clearly by the reorganization of the federal drug bureaucracy which took place in 1968. For technical reasons stemming from the revenue structure of the Harrison Act, narcotics enforcement had always been lodged in the Treasury Department. When the "dangerous drugs" were brought under regulatory control in 1965, enforcement responsibility was assigned to a new bureau in the Department of Health, Education, and Welfare. Then in 1968, the responsibilities of the two agencies were merged in a new agency established in the Department of Justice: the Bureau of Narcotics and Dangerous Drugs. Public policy had the appearance of coherence once again.
>
> But this was not enough. Marihuana use continued to increase throughout the decade, and the public was caught up in a highly emotional debate. For the first time since the inception of the American "narcotics" policy, public opinion focused on some of the fundamental assumptions. Not surprisingly, debate on the marihuana issue was

often couched in terms of the statutory vocabulary which has come to symbolize drug policy. For example, the scientifically indefensible classification of marihuana as a "narcotic" immediately provoked an erosion of the symbolic coherence which had previously characterized drug policy. Similarly, the inevitable comparison between alcohol and marihuana called into question the substantive separation between narcotics and dangerous drug policies on the one hand and alcohol policy on the other.[2] After all, alcohol can legitimately be classified as a "narcotic" in a very specific sense of that term, and it is surely a "dangerous drug" as well.

Until the close of the 1960's, official defenses of marihuana policy continued to be premised on the implications of the statutory vocabulary. Although the narcotic ideology was quickly abandoned, many official pronouncements continued to link marihuana with the opiates because of their association in the law and to insist that marihuana was a "dangerous drug" even if it was not a "narcotic." An historical understanding apprises us that these classifications are reflections of, rather than reasons for social disapproval.

It became clear by the end of the decade that "narcotics" and "dangerous drugs" were no longer adequate symbols of social policy; consequently "drug abuse" was adopted as a replacement symbol. However, the need to distinguish marihuana use from other forms of "drug abuse" resulted in yet another distinction: marihuana was classified as a "soft" drug as opposed to the "hard" drugs, suggesting the same kind of distinction drawn between "hard liquor" and other alcoholic beverages. But, as has been the case with all drug vocabulary, this distinction serves a social rather than a scientific purpose. This terminology generally indicates an attempt to distinguish marihuana from heroin and cocaine, the stereotypical "hard" drugs. However, there is no consensus whatsoever as to which other substances, if any, are considered to "hard." If hard drugs is a narrow category, referring only to the opiates and cocaine, it is simply another way of saying "narcotics;" on the other hand, if it is taken to mean everything other than marihuana, it is simply an expedient way of disassociating marihuana from other disapproved drugs.

Like "drug abuse," the hard-soft terminology reflects a nascent effort to reestablish a sphere of "bad" drug use. Within the official community as well as the general public, attempts are being made to grade drugs according to their potential hazards, particularly their capacity for inducing physical dependence. To the extent that this is true, the new linguistic symbols suggest that public concern has in some ways returned full circle to where it began almost a century ago.

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[2] During most of the period of national alcohol prohibition, the Bureau of Prohibition was responsible for enforcement of the Harrison Act as well as the Volstead Act; but passage of these two laws had parallel rather than shared histories, a point clearly demonstrated by subsequent events.

The next selection was also extracted from the Second Report of the National Commission on Marihuana and Drug Abuse, Government Printing Office, 1975 (pp. 8-14). Because coherent national policies regarding chemical substance abuse hinge on more precise labelings of the components of the problem, this selection addresses itself to the terms "drug" and "drug abuse." You will see as you read that the use of the term "drug" obscures our perspective of the whole range of psychoactive chemicals, and in some instances excludes substances that are far more dangerous psychologically, physically, and socially, than those normally deemed "dangerous drugs." You will also see that "drug abuse" is so vaguely defined that it is subject to hosts of individual interpretations. Because of the confusion inherent in the term "drug abuse" the commission advocates that ". . . the public and its policy makers avoid such labels and focus instead on the relative risks and social consequences of various patterns of drug-taking behavior."

> "The use of psychoactive drugs is commonplace in American life. Distribution of these drugs is an integral part of the social and economic order. In 1970, 214 million prescriptions for psychoactive drugs were issued, representing annual retail sales of approximately $1 billion (Balter and Levine, 1971). The alcohol industry produced over one billion gallons of spirits, wine and beer for which 100 million consumers paid about $24 billion
>
> What is the pertinence of this information for a Commission mandated to report to the American people on drug "abuse?" Can such familiar American behavior include drug abuse, even though that term is generally thought to refer only to the consumption of psychoactive substances obtained illicitly from a market with an estimated annual volume of $2 billion?
>
> The Commission concluded early in its deliberations that the focus of inquiry should not be determined by general impressions or facile labels. Instead, formulation of a coherent social policy requires a consideration of the entire range of psychoactive drug consumption, and a determination as to whether and under what circumstances drug-using behavior becomes a matter of social concern. For example, does youthful experimentation with alcohol involve different social policy considerations than experimentation with marihuana? Do alcoholism and heroin dependence present similar or dissimilar social policy questions? Do the social policy implications of repeated use of barbiturates or minor tranquilizers depend solely on whether a physician has prescribed the drug or on the motivations for such use? In

order to deal coherently with such questions, it is necessary to examine how this society thinks about drugs and their use.

"Drug"--The All-Purpose Concept

The meaning of the word drug often varies with the conext in which it is used. From a strictly scientific point of view, a drug is any substance other than food which by its chemical nature affects the structure or function of the living organism. From this perspective, the term includes some agricultural and industrial chemicals. The physician might define a drug as any substance used as a medicine in the treatment of physical or mental disease; when treatment of illness is the referent, the lay public may use the word in the same sense. However, when used in the context of drug "abuse" or the drug "problem," the meaning of "drug" becomes social rather than scientific.

In its social sense, drug is not a neutral term. This point is best illustrated by the fact that "drug problem" is frequently used not as a descriptive phrase, but a substitute for the word drug. In our visits to communities throughout this country and other nations, we have noted that local leaders often feel compelled to report not simply that drugs are available or that they are used, but that there is a "drug problem."

This value component of the word drug is reflected in the selective application of this term by the general public. Table I-1, drawn from a Commission-sponsored National Survey (Abelson et al, 1973)* illustrates that the public tends uniformly to regard heroin as a drug, as well as other substances associated with the drug problem, such as marihuana, cocaine, the amphetamines and the barbiturates. Some psychoactive substances, such as alcohol and tobacco, are generally not regarded as drugs at all. In neither public law nor public discussion is alcohol regarded as a drug. It may be called a beverage, a food, a social lubricant or a relaxant, but rarely is it called a drug.

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*The survey, conducted by Response Analysis, involved face-to-face interviews with a random sample of 2,411 adults and 880 young persons age 12-17 in the contiguous states. Findings from the Survey are reported and discussed throughout this Report. The reader should note that surveys which employ probability samples may be generalized to the population as a whole within known limits. It should also be noted that the Survey data presented here involve unweighted bases with percentages calculated on weighted bases.

Table 1-1.--SUBSTANCES REGARDED AS DRUGS

	Adults (N=2411) (percent)	Youth (N=880) (Percent)
Heroin	95	96
Cocaine	88	86
Barbiturates	83	91
Marihuana	80	80
Amphetamines	79	86
Alcohol	39	34
Tobacco	27	16
No opinion	1	1

Depending on the context in which the term "drug" is used, statements about what a given drug does are liable to differ. If the therapeutic meaning is employed, for example, the characterization is likely to involve the reasons for using the drug, the dose, the frequency of use and an evaluation of its effects in terms of medical benefits. It might be asked whether the drug made an individual feel better, cured his illness, or made him less anxious or depressed. If the social meaning is being used, however, the analysis generally focuses on toxicity, lethality, dependence liability, possible genetic defects, psychosis and effects of high doses; that is, on drug effects in terms of their risks.

The imprecision of the term "drug" has had serious social consequences. Because alcohol is excluded, the public is conditioned to regard a martini as something fundamentally different from a marihuana cigarette, a barbiturate capsule or a bag of heroin. Similarly, because the referents of the word "drug" differ so widely in the therapeutic and social contexts, the public is conditioned to believe that "street" drugs act according to entirely different principles than "medical" drugs. The result is that the risks of the former are exaggerated and the risks of the latter are overlooked.

This confusion must be dispelled. Alcohol is a drug. All drugs act according to the same general principles. Their effects vary with dose. For each drug there is an effective dose (in terms of the desired effect), a toxic dose and a lethal dose. All drugs have multiple effects. The lower the dose, the more important non-drug factors become in determining drug effect. At high dose levels, and for some individuals at much lower dose levels, all drugs may be dangerous. The individual and social consequences of drug use escalate with frequency and duration of use. American drug policy will never be coherent until it is founded on uniform principles such as these, which apply to all drugs.[1]

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[1] Unless otherwise noted, the word drug is intended to encompass only "psychoactive drugs," or those which have the capacity to influence behavior by altering feeling, mood, perception or other mental states.

Drug Abuse: Synonym for Social Disapproval

Drug abuse is another way of saying drug problem. Now immortalized in the titles of federal and state governmental agencies (and we might add, in our own), this term has the virtue of rallying all parties to a common cause; no one could possibly be for abuse of drugs any more than they could be for abuse of minorities, power or children. By the same token, the term also obscures the fact that "abuse" is undefined where drugs are concerned. Neither the public, its policy makers nor the expert community share a common understanding of its meaning or of the nature of the phenomenon to which it refers.

The Commission has noted over the last two years that the public and press often employ drug abuse interchangeably with drug use. Indeed, many "drug abuse expects," including government officials, do so as well.

The Commission was curious about whether the public had any more precise conception of the meaning of drug abuse than the experts. In our second National Survey, public attitudes on this issue were probed. The public was requested to give a free-response explanation of what drug abuse meant. (See Table I-2.)

Table 1-2.--BELIEFS ABOUT THE MEANING OF "DRUG ABUSE"

(Multiple responses; main mentions included here)

	Adults (N=2411) (Percent)	Youth (N=880) (Percent)
Any nonmedical purpose, or purposes not intended for the drug; purpose not prescribed; if prescription was not for you.................	30	27
Use for pleasure; to feel good; to get high; for kicks; for fun; take a trip..................	10	13
Taking or using marihuana, "heroin, dope, acid, LSD, mescaline (or other drugs which are illegal to possess).........................	4	4
Taking an overdose; overdoing; taking to excess; taking too much............................	27	16
Anything that is addictive; habit forming; where you become dependent on it...................	17	15
Any use that damages health, is bad for you, does damage to the person..................	11	10
If it is a distortion of reality; makes you unable to cope with everyday living, work, other people...............................	7	4
Don't know what drug abuse is; no answer........	13	20

In this multiple-response question, the public was divided between perceptions related to the purpose or motivation of drug taking (the first three responses) on the one hand, and to the consequences of use on the other (the remaining responses). Roughly 30% of both youth and adult populations associate drug abuse with the use of drugs for other than medical purposes, including any use of those substances which have been prohibited because they have no medical uses. In contrast, large numbers of both adults and youth relate the term to the consequences of drug taking. Excessive doses (27% and 16%), dependence (17% and 15%) and danger to health (11% and 10%) are the most common examples. Also of interest were those respondents who indicated that they didn't know what drug abuse meant (13% and 20%).

In another part of the Survey, the respondents were asked whether they regarded ten specific drug-using behaviors as drug abuse. These data illustrate that drug abuse is an entirely subjective concept. It is any drug use the respondent frowns upon. Most respondents disapprove of the use of medically-distributed pills for other than medical purposes (those sanctioned by a physician), any use of heroin, and any use which suggests that the user is dependent or seeking pleasure. Significantly fewer respondents seem to disapprove of daily use of alcohol, weekly use of marihuana and experimentation with legitimate pills not obtained through a physician. (See Table I-3.)

Table 1-3--WHETHER EACH OF 10 SITUATIONS IS DRUG ABUSE

	Yes, drug abuse	
	Adults (N-2411) (Percent)	Youth (N=880) (Percent)
Context: Pills--What if someone		
Took these pills just to enjoy the feeling they give..................................	89	88
Took these pills everyday. . .had to have them . . . to help cope with day..................	84	82
Had pills prescribed by doctor, but took more than he directed..........................	83	77
Bought nonprescription pills, took more than label directed...........................	82	76
Took pills that were prescribed for someone else	73	72
Took any of these pills once or twice to see effect.................................	46	50
Context: Alcohol--What if someone had		
Cocktails or highballs with lunch or dinner and in the evening.........................	36	37
Marihuana, Heroin--What if...		
Someone used heroin once in a while..........	82	80
Someone smoked marihuana once to twice a week.	54	63
Marihuana were made legal and someone used under these conditions....................	56	44

> As the National Survey data demonstrate, drug abuse may refer to any type of drug or chemical without regard to its pharmacologic actions. It is an eclectic concept having only one uniform connotation: societal disapproval.
>
> The Commission believes that the term drug abuse must be deleted from official pronouncements and public policy dialogue. The term has no functional utility and has become no more than an arbitrary codeword for that drug use which is presently considered wrong. Continued use of this term, with its emotional overtones, will serve only to perpetuate confused public attitudes about drug-using behavior.
>
> Drug abuse, or any similar term, creates an impression that all drug-using behavior falls in one of two clear-cut spheres: drug use which is good, safe, beneficial and without social consequence; and drug "abuse" which is bad, harmful, without benefit and carrying high social cost. From either a descriptive or an evaluative standpoint, the matter is much too complex to be handled in such a polarized fashion. The Commission urges that the public and its policy makers avoid such labels and focus instead on the relative risks and social consequences of various patterns of drug-taking behavior.

The commission's wishes not withstanding, the literature of chemical substance use abounds with terms such as "drug abuse" and the "drug problem"; this is certainly true for the remaining selections in this compendium. Thus, for the remainder of this module when the terms "drug abuse" and "drug problem" appear, they should be interpreted in the following way: (Source: White Paper on Drug Abuse, pp. 11-12, September, 1975).

> The terms "drug abuse" and "drug problem" mean different things to different people. For the purposes of this assessment, "drug abuse" is defined as non-medical use of any drug in such a way that it adversely affects some aspect of the user's life; i.e., by inducing or contributing to criminal behavior, by leading to poor health, economic dependence, or incompetence in discharging family responsibilities, or by creating some other undesirable condition. Using this definition, the "drug problem" is the total effect on society of these adverse effects of non-medical use of drugs, not only the physical effects of drugs on the individual using them.
>
> Because we are unable to accurately measure the adverse effects of drug use, we frequently use the number of users as an indicator of the magnitude of the drug problem. In using estimates of the total number of users as a measure of the problem, we must keep several factors in mind:
>
> 1. The magnitude of the drug abuse problem is related to the particular drug being used. At any given level of consumption,

different drugs pose radically different threats to the behavior and condition of users.

2. The magnitude of the drug abuse problem is related to the frequency and quanity of consumption (or "use pattern"). At high levels of consumption--particularly with intravenous administration--the user's behavior and physical condition may deteriorate rapidly. For this user, a reduction in drug consumption is likely to significantly alter behavior and therefore impact on the drug problem.

   On the other hand, at low levels of use, drugs are probably not particularly important in a user's daily life, so reducing his already low consumption is unlikely to have much impact on behavior or health. Thus, the largest portion of the drug abuse problem (and the portion where efforts at reduction should be focused) is created by chronic, intensive users of drugs.

3. These factors are interrelated. The likelihood of advancing to chronic, intensive levels of consumption differs from drug to drug and from individual to individual. Users of dependence-producing drugs such as heroin are more likely to advance to high levels of use than are users of non-dependence-producing drugs such as marihuana.

> Thus, in using estimates of numbers of drug users as an indicator of the drug abuse problem, it is important to distinguish among drugs being used, to recognize the variation of use patterns, and to predict how use patterns will change over time. These factors, much more than the absolute number of users, determine the magnitude of the drug abuse problem.

The following selection from Strategic Studies, U.S. Corps of Engineers, pp. 30-32 (1973) provides us with data from a number of studies reflecting both urban and rural America, male and female, black and white, and suggests the magnitude of the drup problem.

RACE AND ABUSE (HEROIN)

In the fall of 1971, a detailed study[3] of heroin addiction in the model cities area of Washington, D.C. was based on actual numbers of known addicts and census location data. That study determined that 38 percent of all adult males (aged 20-24) living in the intercity are regular users of heroin. This

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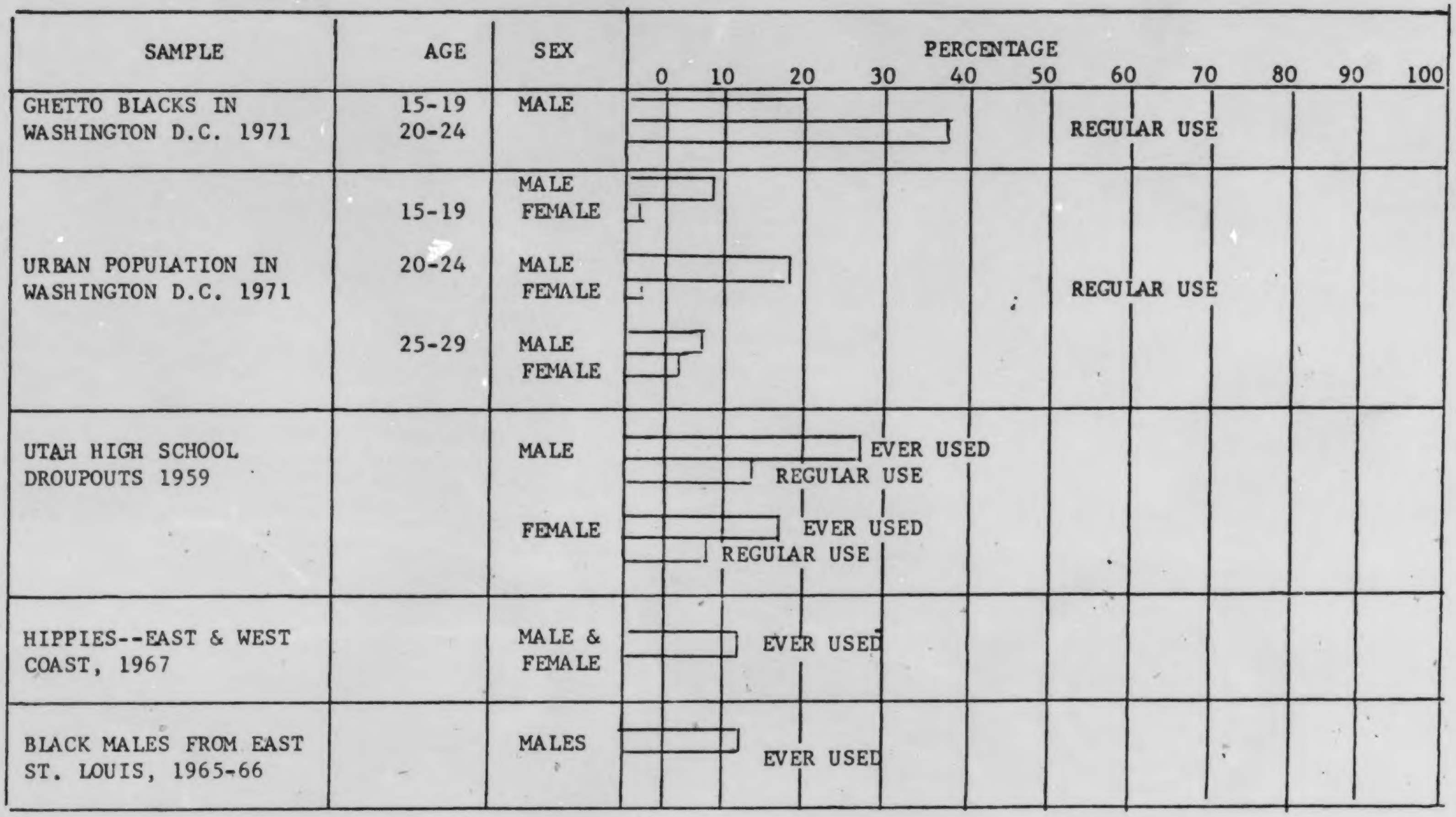
[3] Dr. Robert L. DuPont, "Profile of Heroin-Addiction Epidemic," New England Journal of Medicine, pp. 320-324.

This rate is about twice that of the overall District of Columbia average of 20 percent for adult males aged 20-24. Heroin addiction is also high for young intercity males aged 15-19. Their rate is 20 percent and also is almost double that of the city-wide average of 11 percent for the same male age group. No data were available on black female intercity dwellers, but heroin addiction among black females city-wide is much lower at these age groups. The rate for young females aged 15-19 is 2 percent (11 percent for males) and for ages 20-24 the rate is 3 percent (20 percent for males). Only at the older age of 25-29 does the female rate of addiction approach that of the male, being 5 percent for females and 6 percent for males. A 1969 survey of Utah high school dropouts showed similar rates of addiction. Twenty-seven percent of the males had experimented with heroin and 15 percent were regular users. Sixteen percent of the female droupouts had tried heroin with 5 percent becoming regular users. A 1967 survey of hippies and a 1965-66 survey of black males in East St. Louis indicated that 13 percent had used heroin but no data were available on the degree of use. All this information on heroin use among these special population groups supports the beliefs of officials and authorities that heroin is used extensively by blacks in the ghettos and is fairly widespread in the large cities nationwide.

HEROIN USE AMONG SPECIAL POPULATION GROUPS



The next two selections are taken from Research Issues 4, Drugs and Family/ Peer Influence, NIDA, Rockville, MD, 1974, (pp. 67-76), edited by Patricia Ferguson, Thomas Lennox and Dan J. Lettieri. Both of these selections are from studies by Isidor Chein of abusers in New York City. Each of these studies is prefixed with the source of original publication and a chart indicating crucial elements in the problem researched. As you peruse these articles you should note the quality of inter-personal relationships, particularly as reflected by peer and family influences, on entry into the drug culture. You should also note the extent to which the economic status of the family is reflected in the behavioral characteristics of the young people under study.

Chein, Isidor; Gerard, Donald L.; Lee, Robert S.; and Rosenfield, Eva. The individual environment. In: Chein, I. The Road to H: Narcotics, Delinquency, and Social Policy. New York: Basic Books, 1964. pp. 109-148.

DRUG	Opiates
SAMPLE SIZE	252
SAMPLE TYPE	Incarcerated, Peers
AGE	Adults (19 to 22)
SEX	Male
ETHNICITY	Black, Puerto Rican, and White
GEOGRAPHICAL AREA	New York City
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1953-55
NO. OF REFERENCES	12

SUMMARY

This study investigates why some individuals who live in regions where drug use flourishes succumb to addiction while others do not. It asks whether there are specific differences in the backgrounds of these two classes, whether the personal experiences of users include obvious deprivations unique to them, or shared with delinquents, yet not shared by those who become neither users nor delinquents.

Using interviews, 4 groups of adolescent males were compared with regard to family background, socioeconomic deprivation, adolescent stress and peer environment.

The study found differences between delinquent and nondelinquent groups but only a few factors that could be related specifically to drug use.

METHODOLOGY

The study compared the personal backgrounds of 4 groups of boys aged 16-20 from neighborhoods with similar delinquency and drug rates: (1) 59 institutionalized drug users, not otherwise delinquent (Nondelinquent Users); (2) 41 institutionalized drug users who had histories of delinquency prior to drug use (Delinquent Users); (3) 50 institutionalized delinquents who did not use drugs (Delinquent Nonusers); and (4) 52 controls (Nondelinquent Nonusers).

Interviews were used to explore the nature and extent of drug use, attitudes toward drugs, the family situation, education, friendships, leisure time activities, and orientation toward present and future.

The nondelinquent users, the delinquent users, and the delinquent nonusers were interviewed during 1953-54, controls during 1955. Interviews lasted from 1½ to 2½ hours and were limited to the relatively recent past; "the time just before you started using heroin" for users, and age 15 for nonusers. The median age at which regular use commenced was 16. Interviewers who were all skilled and experienced, filled out a detailed schedule of questions during the interview but had great freedom in the ordering and wording of the questions.

The answers were checked against institutional records, discussions with caseworkers and parole officers, and interviews with parents.

A second group of nondelinquent users was tested against the control group the following year, as 30 questions were added to explore areas not covered in the original interview.

FINDINGS

Data on the 4 groups was assembled in tabular form. The four groups were analyzed by ethnic group (Negro, Puerto Rican, White), age, neighborhood drug and delinquency rates, neighborhood income and education rates. The large difference between delinquent and nondelinquent nonusers in the percentage of subjects coming from areas of high drug use, suggested that delinquents from such areas were very likely to be users.

Comparisons were made in the following areas; general family background, material deprivation of family, adolescent stress; and peer environment.

Family Background

The family was considered the primary agency for transmitting the behavior standards of society, which in the case of delinquents and drug users have failed to take hold. The more cohesive the family, the more effective it is in transmitting such standards. An index of cohesiveness of the families with whom the boys lived longest between age 10 to 16 was constructed. Users scored significantly lower than nonusers. Some boys lived with more than one family. It was found that fewer nondelinquents, both users and nonusers, had to undergo the trauma of shifting families. Of those not living with their biological fathers, the percentage was highest in the two delinquent groups, lowest among the controls. Similarly, in answer to whom they wanted most to think well of them, 42% of the control group mentioned father or parents, in contrast to 10-15% of the two delinquent groups.

The groups were compared by families which include drug users, alcoholics, or those with police records. For police records it was found that the controls were in the best position, while the nondelinquents, whether or not users, were better off than the delinquent group. For drug users, the nonuser groups came out better than the user groups; for alcoholics, the division was along delinquency lines.

The study also investigated the possibility that failure to hold to social norms was due to the fact that the families were ill-equipped to teach these because they were immigrants or otherwise strangers to the community. This hypothesis was contradicted by the evidence.

Concerning orientation of the family to the future, no differences were noted in amount of money saved or active future plans, but there was a striking difference between the controls and the other 3 groups in the frequency with which the boys' plans were discussed. The controls reported little nagging or concern; the others felt harrassed by their parents.

In summary, most of the factors studied turned out to be relevant to delinquency. They suggest no specific clues to drug use, except for one factor related to drug use and apparently unrelated to delinquency: the experience of living with the relatively cohesive family. Users have been more deprived of this than nonusers.

Material Deprivation

The 4 groups were compared on an index of socioeconomic deprivation based on dependence of family on outside help, level of breadwinner's occupation, and quality of housing facilities.

Delinquents were found to be consistently more deprived than nondelinquents. With respect to users, Negro users were more deprived than nonusers but White and Puerto Rican users come from better socioeconomic circumstances than nonusers. The author suggests a somewhat complex explanation: Since White and Puerto Ricans have greater freedom than Negroes to move from a neighborhood when they have the financial means, then if they do not move, there may be other factors not tapped in those families associated with vulnerability to drug use.

Adolescent Stress

Adolescent stress stems from problems of transition from childhood to maturity. The environment of the adolescent may make this transition more or less difficult. Certain factors identified by Contrell as facilitating this transition were used to question the control group and the additional sample of 50 nondelinquent users.

1. Presence of male adult acting as ideal and as guide.
   In both groups about half knew of some adult they wished to emulate, but the control group mentioned personality attributes (kindness, courage) more often; the users mentioned material attributes (wealth, skills) more often. About 2/3 of each group voluntarily sought out an adult to discuss a personal problem. The control group mentioned father, teacher, or priest more often. The users mentioned older brother more often.

2. Opportunities for respite from tension.
   More users than controls could identify a special place of escape (frequently a club or specific place to meet friends) but users more likely needed one, since their home was a less comfortable place for them. However, most boys get over the blues outdoors, at home, at the movies - the place being relatively unimportant.

3. Consistency and timing of expectations of adult behavior.
   Users reported being treated as adults earlier than controls. But this premature granting of adulthood need not mean that the user finds transition to adulthood easier; it could be interpreted as an act of rejection by the family, not of affirmation of adult status. Controls admitted more difficulty in transition, but perhaps users were more accustomed to difficulties already.

Peer Environment

The adolescent's peer group is an important source of influence and constraint. Its effect is, however, not unilateral, since the individual can help shape the character of the group he chooses. Nor is his choice final. But basically it depends on 3 factors: the variety of the groups available, the individual's preferences, and his acceptability to the group of his choice.

There seem to be 2 main subcultures in the adolescent street culture: the delinquents headed for trouble ("the cats"), and the nondelinquents who stay out of trouble ("the squares"). These 2 ideal types are seen as poles of attraction and repulsion.

The lifestyle of the cats is aimless. Over 80% had left school by age 15. Only 1/3 had plans for the future, vague and conditional, but most wanted clothes, a car, and money in the present. They hung around, often in gangs, were bored and were willing to try anything for a kick, including the taking of addictive drugs.

Of the squares interviewed, only 5 had left school before age 16. Almost all had over 10 years of schooling and held a job after age 16. They had less time to hang around; at least ½ engaged in sports, 3/4 said they enjoyed reading. They tended to join small cliques, not large arranged gangs. Half had definable short-range job plans. Few wanted merely clothes and a car; rather, most wished for a different way of life or a variety of possessions (bicycles, cameras, etc.). This profile is in sharp contrast to the delinquents, and although these boys were familiar with addictive drugs like heroin, their subculture was not hospitable to experimentation. Drug use had no meaningful place in the boys' lives or future plans.

The pressure of street associations lies in alignment with the cats. Squares have contact but not involvement. Squares tried to disassociate themselves from the dominance of the tough crowd and selected their friends more purposefully, for common interests, protection, or other specific reasons.

The study examined users' interests and lifestyles in the year preceding the onset of drug use. Their position in the peer subculture reveals more alignment with the cats than the squares. Users made less use of libraries and participated in fewer extra-curricular activities. Users left school earlier and received less on-job training. They mentioned going to movies, hanging around, going to parties and dances, and a desire for clothes. They were more likely to come into frequent contact with the cats.

However, users do not perceive themselves as closer to the cats than the squares, but thought of themselves as equally distant from both. Unlike controls, they did not express negative feelings towards the cats nor a determination to steer clear of them. They expressed a detached tolerance of both groups. This nonpartisan passive attitude was reflected in their friends - not chosen, these were simply boys with whom they had grown up. These friends seemed to be aligned with activities and concerns typical of the delinquent subculture. The study thus concludes that there is a connection between the nature of peer association and experimentation, the first step toward addiction.

Chein, Isidor. Narcotics use among juveniles. In: Cavan, R. Readings in Juvenile Delinquency. New York City: J.B. Lippincott, 1964. pp. 237-252.

DRUG	Multi-Drug: Heroin
SAMPLE SIZE	Over 3,000
SAMPLE TYPE	Juvenile Offenders
AGE	Adolescents
SEX	Male
ETHNICITY	Cross-Cultural
GEOGRAPHICAL AREA	New York City, New York
METHODOLOGY	Exploratory/Descriptive
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	1952 - 1963
NO. OF REFERENCES	1

SUMMARY

The Research Center for Human Relations at New York University along with other groups started investigating juvenile drug use in 1952. Data were collected for 5 studies which attempted to analyze: (a) The characteristics of neighborhoods in Manhattan, Brooklyn, and the Bronx in which heroin use by male adolescents had the widest prevalence; (b) The relationship between the rates of drug use in various neighborhoods and the rates of other delinquent activity; (c) The home life and other behavioral and attitudinal characteristics of 100 heroin users and 100 nonusers; (d) The role that the delinquent street gang plays in heroin activity; and (e) The prevailing information and attitudes toward drugs and drug use among 1,000 young boys, about 13 or 14 years old, who lived in 3 neighborhoods differing in known incidence of heroin use. In the last-mentioned study, inquiry was made about certain general attitudes and value systems held by these boys, and certain specific attitudes toward policy, parents, etc., in the hope to establish the psychological context within which these boys held their attitudes toward narcotics. The author's methodology and theoretical overview of the data collected from the 5 studies are abstracted here.

METHODOLOGY

In the first of the 5 studies, the addresses of 1,844 boys between the ages of 16-21 who had in the 4-year period from 1949 to 1952 come to the attention of some official agency in New York in connection with narcotics were distributed by census tract divisions of the 1950 census, and census tract rates of drug use were calculated; the 1950 census also gave socioeconomic information about each tract.

The second study consisted of an analysis of a sample of court charges other than narcotic violations lodged against boys in the same age group as the first study, covering the same time period, to compare delinquency and drug use rates.

The third study explored family characteristics and personal experiences which might distinguish drug users from nonusers who lived in relatively high-use areas. Two hundred boys, divided into 4 groups, were interviewed: 1) delinquents before becoming drug users, 2) delinquents who were not drug users, 3) non-delinquents before becoming drug users, and 4) neither delinquents nor drug users. The 4 groups were matched as closely as possible for incidence of drug use in neighborhoods of residence and on a number of other variables (age, ethnic origin).

The fourth study, conducted in cooperation with the New York City Youth Board, gave information about drug-use patterns of 18 antisocial gangs in the city derived from reports of group workers who were in close contact with gangs.

The fifth study focused on eighth-graders; with the assistance of the school systems of the city, drug information and attitude questionnaires were administered to young boys in 3 selected neighborhoods of low socioeconomic status: one with the highest drug rate in the city, one with somewhat lower rate and the third with very little current drug activity.

THEORETICAL OVERVIEW

The data collected indicated that forms of behavior, like delinquency and drug addiction, do not take place in a vacuum, but are carried out in a physical and social context which plays an important role in determining likelihood of occurrence and specific forms.

Communities in which there is a relative breakdown in the fabric of human relationships and the individual stands essentially alone are the breeding ground of delinquency and crime, alcoholism, drug addiction when drugs are widely available, and a variety of other antisocial and socially maladaptive behavior. In New York City, this environment is associated with a triad of neighborhood characteristics -- widespread poverty, low level of education and high proportion of broken families and other deviant family arrangements. When antisocial behavior becomes widespread, a new norm tends to emerge which is not only consistent with the prevailing atmosphere but which also makes such behavior acceptable and even desirable.

A prevailing atmosphere of degenerated interpersonal relationships that characterizes a neighborhood can be markedly counteracted by a cohesive family group, giving an individual a sense of human solidarity, a feeling of belonging, respect for the integrity and value of human beings and a long-range motivation of things worth living for. In the environment described the family is vulnerable, as is evidenced by a high proportion of abnormal family arrangements in high drug use areas. It is precisely from disrupted families in deteriorated neighborhoods that the bulk of delinquents and drug users come.

Individuals who do not have strong internalized restraints and who have various neurotic and other needs (an accumulated fund of hostility against society, an urge to maintain a sense of personal integrity in the face of society at large, a desire to share in the social goods that seem to be denied them, a need to conform to the behavior standards of the deviant social circles in which they move) are inclined to act in an antisocial manner. If these needs are strong enough, the inner restraints weak enough, such individuals will become delinquent and criminals in the best of environments. An individual whose balance of needs and restraints is not essentially different than in the average member of our society, placed in an environment conducive to antisocial behavior, is likely also to become a delinquent.

With easy access to drugs, a new wide-open channel of delinquent activity becomes available. Many of the delinquents who experiment with heroin become addicted. Other addicts have not responded to the delinquency-producing vectors of their environment, but nevertheless display personality patterns in close harmony with the social atmosphere of their neighborhoods. These are the unaggressive, withdrawn, dysphoric individuals who gain a sense of well-being and social acceptability through heroin and the related subculture.

CONCLUSIONS

The interpretation of juvenile narcotics use derived from the studies led to the conclusion that it is not feasible to conceive of worthwhile community action programs with a narrowly defined goal of preventing drug use. Drug use among juveniles appears to be one symptom among many; personally damaged and environmentally deprived youths need broad programs of social action aimed at helping them grow up into healthy adults.

The two Chein et al studies indicate the significant role that social environment plays in determining whether or not, or how deeply, one becomes a part of the drug culture. Certainly, drug abuse in the core city is more overt than one would find in the suburbs or in rural America. The slum child is likely to encounter addicts and alcoholics on a daily basis. In an environment in which "hopelessness" is stamped indelibly on dank alleyways with broken whiskey bottles; on rundown schools with broken windows and tattered books; on over-crowded, under-ventilated tenements with minimal sanitation accoutrements; the child, in part, deprives himself. His environment reinforces his own sense of hopelessness. If the child is Puerto Rican or black, if he is among America's dispossessed, the sense of hopelessness is compounded. Psychoactive substances, his social environment tells him, offers escape--if only temporarily--from the harsh realities of his world. Thus, the most dangerous component of America's drug problem is not likely to be alleviated until fundamental changes occur throughout our entire socio-economic structure. The urban drug problem will not abate until hope is substituted for hopelessness.

While the city is the setting for a major component of the drug problem, it has spilled over into the middle-class suburbs and has even penetrated the American countryside. It is a problem with national dimensions.

In the article that follows, taken from Research Issues 4, Drugs and Family/Peer Influence, National Institute on Drug Abuse, pp. 59-61, we are provided a glimpse of high school marihuana users in an affluent suburban community. As you read, you should be cognizant of the role that peer and family influences play in the youthful decision to use marihuana.

Tec, Nechama. Family and differential involvement with marihuana: A study of suburban teenages. Journal of Marriage and the Family. 32(4):656-664, November 1970.

DRUG	Cannabis
SAMPLE SIZE	1074
SAMPLE TYPE	Students
AGE	12-18
SEX	Both Male and Female
ETHNICITY	Not Soecified
GEOGRAPHICAL AREA	Eastern Suburban Community
METHODOLOGY	Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	February 1969
NO. OF REFERENCES	25

SUMMARY

This paper examined the relationship between some aspects of family life and differential involvement with marihuana. Data was based on a survey of youths living in an affluent suburban community and attending a local public high school. Results pointed to a negative association between degree of involvement with marihuana and: (1) availability and quality of parental models for behavior, (2) high evaluation and amount of recognition received within the family, (3) perceptions of the family as warm and not simply rigidly controlling and/or indifferent, and (4) subjective feelings of satisfaction and involvement with as well as the ability to rely upon the family as a unit.

METHODOLOGY

Empirical data for the study was based on a social survey conducted in February 1959 in a well-to-do suburban community. The sample consisted of 1074 teenage boys and girls, all enrolled in high school. This was over 90 percent of the community's population between the ages of 15 and 18, with 52 percent females and 48 percent males. A self-administered questionnaire was handed out to students on the school premises and answered in the presence of a teacher, with the anonymity of each respondent emphasized. Despite the fact that participation in the project was voluntary, approximately 94 percent completed the questionnaires. Information collected included answers to 75 items covering a variety of areas. A large proportion of these concerned the degree of involvement with various drugs. This study's analysis was confined to involvement with marihuana alone, prompted by the fact that of all the illegal drugs used, marihuana was the most popular. While almost a third of the sample had direct experience with marihuana, only about 10 percent had direct experiences with other drugs.

The following marihuana use categories were set up:

1. Nonusers or abstainers--never used.
2. Moderate users--tried once or used occasionally.
3. Regular users--used once a week up to more than once a day.

All questions referring to family life were cross-tabulated prior to any examination of their impact on the dependent variables. Results of these cross-tabulations showed consistent associations in the directions expected. Chi-square tests of significance were performed on all associations with the level of significance of each being .001.

FINDINGS

It was found that the likelihood of conformity to the norm studied (prohibitions against use of marihuana) varied directly with: (1) the presence and quality of parental models for behavior, (2) the extent to which associations within the family unit were defined as rewarding and meaningful by its members, (3) the presence of parental controls and/or indifference.

Youths who came from broken homes or did not live with both parents were more likely to use marihuana than youths who came from intact families. It was also tentatively concluded that adolescents whose parents, particularly mothers, drank hard liquor or used tranquilizers and sleeping pills, were more likely to be involved with marihuana than those who did not report such parental behaviors. The more rewarding the family was in terms of recognition and respect obtained within it, and the more personally satisfactory the relationships were within it, the less the likelihood to smoke marihuana. The likelihood of turning to the family when in trouble, and the subjective definition of the family as the most important unit, both showed a negative association to regular involvement with marihuana. The likelihood of marihuana use increased when demands were made by the family which were perceived as unfair and excessive and not accompanied by "warmth." Those who perceived their families as indifferent were also more likely to use marihuana than those who saw it as undemanding and/or warm.

Sheer strong control and/or complete indifference as measured by the questionnaire bore a positive association to marihuana use.

Slightly over 10 percent of the sample believed that they or their friends would discontinue a friendship because of marihuana use.

Among those who said that the family was the most important aspect of their life, 5 percent were regular marihuana users as compared to 16 percent among those who said that friends were most important and 19 percent among those who said they themselves were most important.

CONCLUSIONS

The findings of this study were viewed as a mere beginning in the complicated task of systematic analysis of illicit drug use by the younger generation. According to broad sociological thinking, conformity within a given unit is achieved by its system of rewards as well as direct controls. In terms of the cultural expectations as they pertain to the family unit, a primary group, associations were seen as typically of an intimate and personally satisfactory nature; where those expectations were not fulfilled, lack of compliance with some of its norms might be the outcome. In a sense, rigid controls which were experienced as reality by members of such a unit might be less tolerated than within a less intimate and more formal environment. Furthermore, the age of the sample implied a certain resistance and even resentment toward parental controls. To what extent this association would have appeared in other units was hard to determine. Many studies conducted in the field of formal organization have shown that the level of personal satisfaction, as experienced by its members, rather than rigid controls, was indeed positively associated with a high level of conformity.

In the selection that follows by H. Stephen Glenn and Joel W. Warner of Social Systems, Inc., a practical definition of the term "addiction" is offered. Using their broadened defnition of addiction, the number of "drug dependent" persons is vastly greater than those who are dependent on illicit narcotics. Until we are able to see the full dimensions of the drug problem; until we are able to get beyond our stereotype of the typical junkie; until we are capable of analyzing the role of those social forces that tend to perpetuate our continued underestimation of the extent of the problem, we will certainly not be able to attack the "drug problem" in its full dimensions. This article also offers significant insights of the of the one out of fine Americans who are abusers of legally obtainable chemical substances.

Because of the close linkage between mind and body, a great many psychological conditions are reflected in body functions and disfunctions and the distinction between psychological and physical processes becomes more vague each year. For this reason, the authors feel that any practical definition must recognize the importance of psychological dependence. We suggest that, in reality and certainly for all practical purposes, a person is addicted when psychological or physical dependence or both reach a level where he cannot give up the substance or behavior without experiencing discomfort sufficient to interfere with other necessary activities (such as working, sleeping, eating, etc.).

The Addict Population

Using this broader and more practical definition, we can readily see that tobacco users comprise the largest group of addicts in America. These addicts are willing to endure physical impairment, financial loss, and social and legal deprivation or harassment rather than endure the discomfort of discontinuing the use of tobacco.

Next to the tobacco users, the largest group of "addicts" are those who use the so-called psycho-active substances, that is, substances which significantly alter perception, judgment, or behavior. Especially important are the depressants many researchers call sedative-hypnotics.

Consider the following estimates of number of persons addicted to this group of substances from 1974- 1976:

Sedative-Hypnotic Depressants	Estimated Number of Dependent Persons		%Increase
	1974	1976	
Alcohol	10 million	14 million	40%
Minor tranquilizers (Librium, Valium, Miltown, Equinol, etc.)	8 million	14 million	75%
**Barbiturates (Seconal, Nembutal, Phenobarbital, etc.)	7 million	6 million	-14%
	25 million	34 million	
Subtracting 25% for multiple dependency or use	- 6, 250,000	-8,500,000	
Total number of individuals	18,750,000	25,500,00	36%

**The decrease in barbiturate addiction reflects a medical shift to a non-barbiturate depressant Methaqualone (Quaaludes, Sopors, etc.).

The above estimates may reflect, to some degree, increased requests for help rather than simply increased number of addicts.

Some of the factors in the increasing number of dependent persons for the period shown in the above table are the following:

Women as a group are producing more alcoholics. The ratio has gone up from one alcoholic out of seven to one out of three. Teenage addiction to alcohol has increased from 500 to 800 percent to produce an addict population of four million. Three out of every seven adult women in the United States are on some form of minor tranquilizer with approximately 30 percent consuming large enough dosages over long enough periods of time to encounter problems of dependency.

From the above estimates it is apparent that sedative-hypnotic dependence is a fact of life for more than 25 million Americans and the addition of other addicts is steadily increasing that number. All of the substances listed are available over the counter (alcohol) or by prescription (tranquilizers and barbiturates), so that most addicts obtain them legally.

How Valid is the Stereotype?

Compare the above figures with current estimates of the population addicted illegally to narcotics. According to recent estimates from the National Institute on Drug Abuse, the United States has approximately 736,000 persons illegally addicted to drugs. Of these, some 500,000 are narcotic addicts.

What do these estimates really say? Do we have 736,000 addicts or 500,000? By the stereotype outlined above, addict = narcotic users, we have only 500,000. However, before the criteria associated with the stereotype of junkie or addict will actually apply, the following adjustments have to be made to the figures.

	500,000	Narcotic addicts (illegal)
Approximately	-130,000	Medical professionals (doctors nurses, pharmacists, dentists)
	370,000	
Approximately	-140,000	Addicts in prisons or treatment facilities
	230,000	
Approximately	-140,000	Addicts who maintain regular places of residence or employment and otherwise organize their life so that their addiction is not visible
Remainder	90,000	Junkies or addicts whose primary activities are obtaining, using or experiencing narcotics

The fact that a great many addicts frequently withdraw themselves in order to keep the cost of a habit within their resources has been well known for many years as has the fact that thousands of regular heroin users never become addicted.

Most observers feel that the estimate of 90,000 junkies in the United States is a little high. However, if we assume that there are that many, the stereotype of the addict still describes less than 12 percent of those persons illegally addicted to drugs and one-third of one percent of those addicted to psycho-active drugs.

Persistance of the Junkie Stereotype

The obvious question, then, that comes to mind is this: Why is it that when people hear the term addict they think of an unfortunate person who is nevertheless very rare, one who belongs to a very small group of unfortunates like himself? Our definition of addiction supports that this mental image is much too small a group, only one-third of one percent of those who really are addicted. Some of the factors that have tended to create and perpetuate this gross underestimate are the following:

1. Editorial policies of the mass media
2. Economic bias and vested interests
3. Sensationalism in the press
4. Scare tactics in films, pamphlets, and education materials
5. Inordinate concern over crimes against property
6. Desire to avoid threatening realities

One of the above factors that deserves particular attention is that of economic bias and vested interests. Even a superficial assessment reveals the fact that approximately one half of the operating costs for television in the United States come from advetising budgets of the alcohol beverage industry and the pharmaceutical industry.

When mass media clients manufacture and promote substances involved in more than 90 percent of the active addiction in a given market it only makes good sense to portray addiction in ways that are sensational and dramatic and unthreatening to the public image of the clients themselves and to the self-concept of the viewers. Even when the broadcast media provides public interest announcement as required by law, they seldom utilize any of the tools of the advertising trade to ensure significant impact when dealing with substance problems.

Meanwhile some medical professional violate law and public trusts by using controlled substances themselves, selling prescriptions, and diverting controlled substances into illegal channels. Alcohol abusers commit over two-thirds of all murders, rapes, suicides, and assaults each year in addition to very high levels of child abuse and property damage amounting to billions of dollars. When, along with these social ills, one also considers the divorce rate associated with alcoholism and a while range of similar problems for the other sedative-hypnotic substances, the percentage of violent crimes and legal problems specifically associated with narcotic addicts is infinitesimal.

Perhaps the inordinate concern with crimes against property reflects the very personal and private nature of such crimes as opposed to the more distant or remote aspects of physical addiction or illegal prescription. It may also reflect the observation that Americans react more strongly to violations of privacy or property than to violations of trust. As a result, they fight dilligently for their property while tolerating or supporting agencies and activities that promote substantial threats to their life and health.

The Real Dimensions of Addiction

In sharp contrast to the stereotype, the most typical addict in America (25 million sedative-hypnotic dependent persons) is invisible in almost every respect. Approximately 1 out of every 5 Americans qualifies as an addict according to the definition given earlier.

The typical addict drives to work each day, shops in a supermarket, holds elective office, serves on a school board, raises a family, retires on schedule, and maintains a drug dependency over many years.

For example, of the nation's 10-14 million alcoholics, only 3 to 5 percent are skid row derelicts; an additional 15 to 18 percent are acute chronic drinkers experiencing significant disruption of their life style due to drinking. This leaves approximately three-fourths the alcohol dependent population without significant life style disruption due to drinking.

A controversial finding that needs to be included in the discussion is the fact that some alcohol dependent persons appear to gain some benefits from their alcohol use. An example is the ability to relax and participate in social situations.

It is increasingly evident that alcoholism refers to a range of experiences from positive to negative that makes stereotyping dangerous and counterproductive.

The same observation can be made about the tranquilizer addict. At present, the most typical tranquilizer addict is a valium-dependent white female between 30 and 40 years of age, enjoying an above-average family income and employed in the primary occupation of housewife. Statistics from emergency rooms across the nation tell us that she will have more drug emergencies than a person in any other social group and be more likely to attempt suicide and to have frequent family problems.

It should be noted however, that while a great many tranquilizer dependent persons are suffering from disruption of their life style, a significant percentage appear to be living much richer and fuller lives because of their addiction. For the most part these are persons who, thirty years ago, would have been institutionalized due to the crippling effects of anxieties, depressions, and frustrations that today are controlled through the proper application of tranquilizers.

> Once again it is apparent that addiction to tranquilizers implies a range of possible effects running from extremely negative to extremely positive. When a person is labeled an "addict" the only assumption that should be made is that the person depends on a substance. The condition of being addicted has nothing to do with the person's overall life style, legal status, or pattern of living. To get at these important variables the question must be asked, what role does addiction play in a person's life? The answer to this question is always unique to each individual at each point in his or her life and needs to be assessed very carefully if a truly valid understanding is to be reached.
>
> A Destructive Side Effect
>
> Throughout this chapter problems arising from faulty or even completely invalid assumptions have been noted. It is appropriate therefore that the chapter conclude by noting one of the more tragic side effects of "addict" stereotype. Ignoring the fact that addiction will be a fact of life for one out of five Americans, society, by continuing to focus on the most extreme negative and frightening aspects of substance dependence has created a situation where many tranquilizer "addicts" will attempt suicide before they will seek help and thereby admit to being a weak willed, criminal, perverted, deviant, and inadequate human being. The alcohol "addict" will deny the existence of alcoholism until he reaches rock bottom and there is no longer room to doubt that he is a sick, weakwilled, unpleasant, unreliable and immoral human being.

The following excerpt, by Allan Y. Cohen, The Division of Addiction Services, continues in the same view as the preceding article. He argues that the mythologies surrounding drug abusers have led us to define drug abuse as a departure from the norm when in fact drug use is very much a part of the contemporary normative pattern of society.

Why are we becoming increasingly chemically dependent? To this question Dr. Cohen offers five possible motivations for the continuance of our drug oriented culture.

> Some obvious myths and stereotypes about drugs have been exposed adequately by previous commentators. Let us investigate more subtle myths, ones which have sprung up from initial public attitudes about drugs and "addicts," nutured by well-intentioned research and analysis, and rendered inappropriate by the phenomenal growth of drug experimentation. It is my contention that such questionable assumptions have implied strategies doomed to ineffectiveness in the control, treatment, prevention, and amelioration of the drug crisis.

THOSE WIERD DRUG USERS. - One widespread notion is that drug "users" are a certain "breed" of people or social group. (To simplify language, "users" is taken to cover the broad range from "experimenters" to "drug dependers," unless specifically modified below.) Predictably, many studies have abounded with conclusions about personality and socio-culture correlates of drug use. The object of such research, aside from pure science, is to understand "what makes drug users tick;" extrapolating the implications to prevention or to education.

But is there a certain type using drugs? Can one ever "predict" individuals predisposed to drug use? More importantly, does it help to talk in such terms....I think not. I say this because behind the common personality-social research lies an assumption which is now very suspect - that drug experimentation and use is a minority phenomenon, not only among the young. Even excluding alcohol, coffee and cigarettes, it is now safe to estimate that over 50% of the total American population over 13 years of age has at least tried some powerful mind-altering drug via prescription or on the illicit market. Rare is the urban school using authentic survey data which reports that less than 50% of their secondary students have used amphetamines, psychedelics, barbituates, cannabis products and like drugs within the last 12 months. No figures can be given on overall regular use, but scores of spot interviews indicate that the high school "dopers" peer culture is challenging the size of the "straights." In the adult world, one recent survey found that 25% of all American women over 30 were currently under prescription for amphetamines, barbituates or tranquilizers, the percentage going up to 40% for ladies of higher income families.

All things considered, it is my contention that drug use must now be admitted as the social norm. We must realize that our chemical culture has produced an atmosphere leading to the naturalness of using drugs - no matter what the underlying complaint or need. Failure to comprehend this cultural reality leads to dysfunctional priorities. Popular now is the notion that drug users are necessarily deviant or pathalogical. Drug use, too many surmise, indicates something terribly wrong in the person, either morally ("send 'em to jail") or psychologically (send 'em to a mental hospital"). But we know better. Drug users may not necessarily show lack of morality or personality disturbance, at least not more than many non-users. Indeed, the non-user may be "deviant" in the purely statistical sense. It may well be that the primary question among youth presented with the opportunity for experimentation is no longer "Why?" but "Why not?" A basic inadequacy in this "deviance-minority" model is that it tends to focus emphasis on symptoms rather than causes. It produces a philosophy of social intervention which is essentially reactive and negative. Perhaps we might be able to come up with another kind of conceptual model, a more useful one, based on logic, common sense, and our accumulated knowledge of the drug scene.

THE MOTIVES

In this conceptual model, which leads to an ultimate emphasis on alternatives to drugs, we begin with a simple formulation of the most basic motivational forces leading to drug use:

Principle I. People take drugs because they want to.

Principle II. People use drugs to "feel better" or to "get high." Individuals experiment with drugs out of curiosity or hope that using drugs can make them feel better.

Principle III. People have been taught by cultural example, media, etc. that drugs are an effective way to make them feel better.

Principle IV. "Feeling better" encompasses a huge range of mood or consciousness change, including such aspects as oblivion - sleep, emotion shift, energy modifications and visions of the Divine, etc.

Principle V. With many mind or mood altering drugs, taken principally for that purpose, individuals may temporarily feel better. However, drugs have substantial short and long term disadvantages related to the motive for their use. These include possible physiological damage, psychological deterioration and cognitive breakdown. Drugs also tend to be temporary, relatively devoid of satisfying translation to the ordinary non-drug state of life, and siphon off energy for long term constructive growth.

Principle VI. Basically, individuals do not stop using drugs until they discover "something better."

Principle VII. The key to meeting problems of drug abuse is to focus on the "something better," and maximize opportunities for experiencing satisfying non-chemical alternatives.

CONCLUSION

This module has attempted to eliminate some of the haziness surrounding the terminologies frequently used in discussions of chemical substance use in America and to indicate how the very vagueness of the jargon employed obscures a full appraisal of this growing social problem. The most prolific use of illegal substances appears to be in the inner city, generated in a large measure by attitudes bred of perhaps the most severely disadvantaged classes on the American scene.

In the 1960s, however, as the problem of illicit substance abuse spread to the suburbs, national policy makers came to recognize the existence of a very severe social malady.

From the studies cited it is abundantly clear that the rapid growth of American abundance has excluded whole segments of the American population and that these deprived citizens have tended to congregate in America's inner-cities. The movement from the rural south or from hispanic cultures has had a deleterious impact on the quality of family life and has thus served as an agent in the perpetuation of the problem. In the suburbs, unfortunately, the affluence spawned by economic growth appears to be an ineffective adhesive for the fractured family. The very abundance that has provided for the split-level home appears to have accelerated the rate of family dissolution and the authority that the family once exercised over youthful conduct. In many instances parental attitudes toward, and the availability of legally obtainable psychoactive substances, have served as a model for youthful entry into the drug culture.

We have seen that to a very large extent substance abuse has become a normative aspect of contemporary American life, and that our image of the "junkie" as the drug dependent person is vastly in need of repair.

OBJECTIVES

I. GENERAL OBJECTIVES

A. After completing this module, you should be able to:

1. State who is the substance abuser.
2. Distinguish between drug use and drug abuse.
3. State several sociological and psychological factors contributing to the use of drugs.
4. Identify who is entering the drug scene.

II. SPECIFIC CLUSTERED OBJECTIVES

A. The student will:

1. State with whom narcotics in the past have been identified.
2. Identify what group became drug abusers in the 1960's.
3. Define the terms "soft drugs" and "hard drugs."

B. The student will:

1. Define the term drug in chemical, therapeutic and social contexts.
2. Define the terms drug use, drug abuse, and drug problem.

C. The student will:

1. Be able to state what role the family and the peer groups play in the use of drugs.
2. Define adolescent stress.

D. The student will:

1. Identify the largest and second largest groups of addicts.
2. Define psycho-active substance.
3. Name three psycho-active substances.
4. Define the term addicter.
5. State the percentage of Americans who are addicters.
6. Be aware of the destructive side-effects of addiction.
7. Name four motives for drug use.

SELF TEST

1. A major problem in formulating an adequate social policy in the area of chemical substance use is
    a. we define it in scientific terms
    b. we define it in social terms
    c. we cannot reach consensus as to its beginning
    d. we are unsure of its scope.
2. The drug program of the today is identified with
    a. minorities
    b. criminals
    c. social outsiders
    d. middle and upper classes.
3. A drug is
    a. any substance used as a medicine
    b. food which affects the structure or function of the living organism
    c. substance other than food that affects the structure or function of the living organism
    d. none of the above.
4. Which of the following is not a drug:
    a. cannabis
    b. opium
    c. alcohol
    d. all the above are drugs
5. The Second Report of the National Commission on Marihuana and Drug Abuse 1975
    a. defines drug abuse as a medicinal term

b. defines drug abuse in a social context

c. believed the term abuse should be deleted from public policy

d. believed drug abuse had no social consequences.

6. In Isadore Chein's study of users of opiates, he found the one significant factor to be

a. sex

b. cohesive family structure

c. geographic location of family

d. age first exposed to drug

7. The most important source of influence and constraints for adolescents is

a. rock music and entertainers

b. family

c. religious affiliation

d. peer group

8. The largest group of addicters in the United States are

a. alcohol users

b. marihuana users

c. tobacco users

d. barbiturate users

9. The number of Americans who are drug addicters is 1 in every

a. 5

b. 10

c. 15

d. 20

10. Which one of the following is not a motive for drug use.

a. people take drugs because they want to

b. people use drugs to feel better

c. people use drugs because of the mass media

d. people use drugs to relieve energy modification

Terms to Know

Soft drug

Hard drug

Drug use, drug abuse, drug problem

Adolescent stress

Psycho-active substance

Addicter

Activities

1. Write a position paper: I,______________, take the position that drug addiction should be defined as:
2. Make a list of all "drugs" you take during one week's time.

Give Day, Period, 8:00 a.m. to midnight

	8-10	10-12	12-2	2-4	4-6	6-8	8-10	10-12
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

a. Was there one drug that you took more often than any other?

b. Did one drug shape or reinforce behavicr?

c. Did you resist taking any drugs?

d. Was there any inconsistency between your values and your behavior?

ANSWERS

1. b
2. d
3. c
4. d
5. b
6. b
7. d
8 c.
9. a

DRUG ABUSE: GENESIS

1. Black	
2. White house	X The cost of drug abuse to this Nation is staggering. More than 5,000 Americans die each year from the improper use of drugs. Law enforcement officials estimate that as much as one-half of all "street crime"--robberies, muggings, burglaries--is committed by drug addicts to support their expensive and debilitating habits. X
3. Presidential seal	In simple dollar terms, drug abuse costs us up to $17 billion a year. But these statistics--ominous as they are--reflect only a part of the tragic toll which drug abuse exacts. For every young person who dies of a drug overdose there are thousands who do not die but who are merely going through the motions of living. X
4. Ford at desk	They sit in classrooms without learning. They grow increasingly isolated from family and friends. At a time when they should be preparing for the future, they are "copping out" on the present.
5. Close up of Ford	X The problem, moreover, is not limited to youth or to the disadvantaged. It extends to

	citizens of all ages and all walks of life--from the housewife to the college professor. The cumulative effect is to diminish the quality and vitality of our community life; to weaken the fabric of our Nation.
6. Drug Abuse: Genesis	✗ MUSIC
7. Congress	✗ This message from President Ford, his last official statement on the problem of drug abuse in America, was a plea to the Congress for more effective means to cope with what is perhaps our major domestic issue. President Ford cannot be accused of exaggerating the extent of the problem.
8. Three reports	✗ The sentiments that he expressed have been found repeatedly in various Presidential and Congressional Commission reports of the past decade. In fact, in dollar terms, he may well have understated the toll extracted from society. Other estimates, by highly reputable groups, would increase the cost from 17 billion to 26 billion dollars.
9. Biblical scene of drunkenness	✗ Like most of our social ills, the problem of substance abuse has a long evolutionary past. The use of chemical substances to alter man's consciousness is virtually as old as man himself. Instances of chemically altered states of consciousness are abundant in both

		the Old and New Testaments. The substance cited in the Scriptures is, of course, alcohol.
10.	Map of Sumer	X As old as alcohol, certainly, is another psychoactive substance still a major component of our contemporary problem. The first recorded instance of opiate use was among the ancient Sumerians. Among these torchbearers
11.	Poppy field	X of civilization the milk of the poppy was highly regarded as an agent in combatting diarrhea. The medicinal use of opium spread rapidly throughout the middle east and,
12.	Bottle of paragoric	ultimately, to Europe. X Paragoric, containing tincture of opium incidentally, is still prescribed by physicians to combat the distress of severe diarrhea.
13.	14th century Portuguese sailing vessel	X The Portuguese, leaders among early seafarers, brought the poppy to India. Because alcohol was under strong condemnation by the Hindu
14.	Brahmin with high caste mark	faith, X opium acquired a relatively large following, particularly among the well-to-do Brahmins. By the 17th century, European
15.	Opium pipe	X writers were roundly condemning the first continental exporters for having succumbed to the euphoric promises of opium.
16.	Map of China and Phillipines - arrow connecting	X China, in the minds of many, is intimately linked with opium. As a matter of historical fact, however, opium first came into the

	Middle Kingdom from the Phillipines via the Spanish. It was not until the 19th century, however, that its use became relatively commonplace among the Chinese. X
17. Oriental smoking opium pipe - smoke forming British pound	While there is little doubt that social and economic conditions in China provided a ready market for the substance, it was the British, not native Chinese, who assumed the role of wholesale pusher. In fact, so lucrative was the Chinese opium market that the British were able to defray the entire colonial administrative costs in India through this infamous but profitable enterprise!
18. Cowboys in saloon	X Until the latter half of the 19th century Americans were almost totally dependent on alcohol for their psychoactive kicks. Then, almost simultaneously in the 1850s, X
19. Laboratory - pan to hypodermic needle	two scientific breakthroughs occurred that provided them with an alternative. One advance was in the chemical isolation of morphine from opium and the other was the invention of the hypodermic needle and syringe. These two advances, X
20. Civil War battle	along with the Civil War of the next decade, were to have a profound impact on addiction in America.
21. Civil War hospital	X During the Civil War physicians almost universally prescribed morphine as a post-operative analgesic or painkiller. So

	widespread were the casualties in this, our greatest of conflicts, that virtually all of the severely wounded became morphine
22. Northern soldier - drawn face - close up	addicts. X In fact, in the post-Civil War period, morphine and military service became so intimately linked that those who became addicted were commonly referred to as victims of the "soldier's disease."
23. Laboratory - super letter H	X In 1874 another dubious scientific advance should be noted. In that year chemists succeeded in modifying morphine into diacetylmorphine--commonly known as heroin. There was, however, little immediate interest in
24. Female with spoon in mouth - towel around head	the new substance. X Then, in 1890, two uses for heroin appeared. The new derivative was found to be an effective cough suppressant and was marketed in America by a German pharmaceutical house. The second use, as incredible as it may seem, as a "sure cure" for morphine addiction!
25. Several typical advertisements - patent medicines	X In the 19th century and well into the 20th the American patent medicine industry freely laced their products with alcohol and the opiates. Soothing syrups for babies frequently contained large quantities of raw opium or its derivatives as did change of life elixirs for women. There were potentially addicting

	palliatives for virtually every malady that afflicted mind or body, real or imagined. It is no exaggeration to say that then, not now, was our most drug-oriented period.
26. Pictures of two magazines	In 1904 Collier's Magazine and the Ladies Home Journal launched a sustained attack on the patent medicine industry. Their efforts were joined by the American Medical Association. As a result of the widespread mobilization
27. Pure Food and Drug Act - supered over Capital dome	of public opinion, Congress responded in 1906 with the Pure Food and Drug Act. This act required that all ingredients in over-the-counter medications be specifically labeled. This act and subsequent legislation seriously curtailed the "pusher" role of the patent medicine industry.
28. Globe - tight on United States - zoom out to entire globe	As you can see, the use of psychoactive substances is not new, either to the United States or to the world. Alcohol--the drug deemed most dangerous by the National Institute on Drug Abuse--has become so much a part of the lifestyle of Western man that it is almost universally accepted. However, because of
29. Cocktail lounge	the cultural sanction this dangerous substance has achieved it is usually not considered a part of the drug problem. To most middle-class Americans the problem is typified by heroin and other so-called "hard" drugs; drugs

	generally not a significant part of their
30. Discotheque scene	lifestyle. X Only when unfamiliar "hard" substances invaded their world and claimed victims among their children did they recognize the existence of a "drug problem" -- a problem that did not include their favorite item of abuse.
31. Slum scene	X Heroin had long before acquired a significant following among the nation's urban disadvantaged and remains today a more acute problem among these groups than it is in the society at
32. Opium den	large. X Heroin is to the urban dispossessed what opium was to the Chinese coolie of the 19th century. It is a means of escape from the harsh realities of life. It offers hope where hopelessness abounds.
33. Rich person	X Pyschoactive substances, once introduced into a culture, are seldom confined to a single element of society. The Western experience
34. Middle-class person	X with alcohol surely reflects the fact that it is not the preference of a single social
35. Poor person	class. X Thus, as heroin burst from its ghetto confines in the sixties and newer substances
36. Factory worker	X flowed from clandestine laboratories and legitimate pharmaceutical houses into
37. Housewife	X American suburbia, we should ask: Were there common demoninators in slub and suburb that

38. The 1973 report	help explain this phenomenon? X The Presidential Commission on Marihuana and Drug Abuse, in their second report, issued in March, 1973, felt that such commonalities did, indeed, exist. Here is what the Commission said:
39. Shopping mail	X The immense productivity of our economy ... has produced a painful paradox for American
40. New cars	society. X Our great national wealth means that the struggle for a decent survival, even the acquisition of material wealth, is no longer a guiding purpose of many lives.
41. Man asleep in front of TV (beer can)	X Concurrently, many Americans suddenly have a great deal of leisure time, and the promise (or threat) of even more in the near future, with a dearth of meaningful activity to fill
42. Derelict looking into restaurant window	it. X For another group of Americans, not so large but still too numerous, the affluent life remains a taunt. They receive relatively little of the fruits of the nation's productivity; like Tantalus, they see these blessings all about them, always just out of their reach.
43. Children and adults in slum project	X They, too, have leisure time, but cannot partake in the diversions that money and material possessions can provide. It is not only leisure, however, that our economy has caused the poor and the affluent to share. A corollary of economic growth and

44. Aerial of New York	X concentration has been mass urban living. This means more than just rats and traffic jams. Our community life has been transformed, and it is in this change that we have lost much of what used to give our lives coherence, order and even meaning.
45. New England village	X There was a time in America, some of us remember it, or think we remember it, when a person would be born, grow up, receive his education, work and play within a single community, maintaining a single set of relationships within one small, contiguous geographic area.
46. Typical family at Thanksgiving dinner	X Community values became personal values, and they were constantly reinforced; private institutions, the churches, the school, the family, the employer, the club, all transmitted these values and each strengthened the action of the other for they, too, were part of the same community.
47. Two women gossiping over clothesline	X This arrangement was not necessarily idyllic, particularly for the non-conformist or the innovator, and many of our writers have descried the tyranny of the small town. Nevertheless, it was a way of life that did not seem to create a strong need to transcend physical reality.
48. Town drunk	X These communities often had a town drunk, but rarely did they ever confront a "drunkenness problem."

49. Commuter train	X Today, the situation is largely different. Many Americans now live with one group and work with another.
50. Ethnic retail stores	X In many cities, even neighborhoods have disappeared, at least in the sense that a group of residents frequently interact with one another.
51. Apartment building	X Each person belongs to a number of incomplete communities: the community where he lives,
52. Office or factory	X the community where he works, a professional community,
53. School	X a school community, perhaps a church community,
54. Social organization	X or a club, or some other kind of social organization.
55. Cocktail party	X Each member of a family may have a set of friends who are largely strangers to the other members and even strangers to the other friends. Perhaps symbolic of all this is the predominant urban form of socialization: the cocktail mixer.
56. Ethical values (letters askew)	X Our society has retained its ethical values, but for many members it has lost the foundation upon which they once rested.
57. Psychiatrist and patient in reclining chairs	X Science and psychotherapy have called into question many of the institutional justifications for the prevailing normative order.
58. Department store	X Affluence has eroded material progress as a source of values or of purpose;
59. Watergate hearings	X bureaucracy has made private altruism obsolescent; real politics have

60. Person inundated by products	replaced crusades. X In material terms, life in America for most is no longer an imperative for self-improvement.
61. Hippies	X For many Americans, especially younger Americans, this society does not offer persuasive
62. Trains meeting in Promontory, Utah on May 1, 1867	principles or purposes. X All of our frontiers, are now settled, and our values, even those where there is a general consensus, have no perceptible anchor in basic beliefs. We
63. Moon shot	have gone West, X and we have gone to the moon, and the answers they have provided are
64. Zen pose - meditation	spent. X For many, the only place left to search is inside themselves, which may prove the most difficult endeavor of all.
65. The report	X For most of us concerned with the problem of chemical substance abuse in America, the words of the Commission have a special significance. They offer us several very important lessons.
66. Single person on beach -- ocean background	X First: The problem of chemical substance abuse if but a manifestation of much deeper social and cultural ills. As such, it is
67. Police	not amenable to simple solutions. X One-track approaches -- tougher laws, stricter enforcement, greater emphasis on drug intercept operations -- tend only to obscure the full dimensions of the problem.

68. Group of people pointing at each other	X Second: As a manifestation of larger social and cultural ills, it avails us little to find scapegoats on whom to affix blame. There are few seductionists who entice our young into the world of drugs for their own personal gain.
69. Adolescents at party	X Generally, entry into the drug scene is nothing more evil than friendly peer pressure. The neighborhood pusher, more often than not, comes from the "nice" family down the street.
70. Sheet music -"Puff the Magic Dragon," "A Horse with No Name," "A Little Help From My Friends"	X Nor can we blame contemporary "tunesmiths" for purportedly devising lyrics that glorify the drug lifestyle. Impartial investigators have found that there is little evidence to support the allegation that music is a significant factor in promoting drug entry.
71. Martini with hypodermic needle in olive	X Hypocritical parents who warn their children of the dangers of drug abuse while sipping a second martini can certainly be faulted for providing poor role models;
72. Television set showing many over-the-counter products	X and over-the-counter medications proffered by television can be chided for advising us to seek escape from tension and pain, but in the end these "devils" like the others, prove to be but symptomatic of the larger issue.
73. Balance scales over many faces	X Third and finally: As a society we need to critically appraise our own values and beliefs

	in light of the vast social and economic changes that have occurred in the past few decades. A forerunner in this
74. 1975 Report	re-evaluation should be the school. X In order to accomplish this function, the Commission states in a 1975 report, the school should become more than simply an institution for the transmission of
75. Teacher in classroom	information. X It must become an institution whose major function is value clarification and whose role is intimately tied to what is happening in the real world.
76. School orchestra	X Further, the school, in conjunction with other social institutions, must become more concerned with the development of comprehensive programs that assume major roles in providing for socially-constructive, personally-
77. Classroom - teacher writing on chalkboard	fulfilling, leisure-time pursuits. X The current emphasis of isolating the drug problem into specific drug awareness instruction has, in the view of the Commission, not only served to obscure the full dimensions of the problem but has, in many instances, served only to ignite youthful curiosity in the forbidden.
78. Sunset - dissolve to sunrise	X The drug problem must not be viewed as a problem amenable to any single-pronged attack. Its resolution depends upon the collective creativity that we apply to our deeper cultural ills.

79. Credits X MUSIC - Up to end

APPENDIX C

NATIONAL PRESENTATIONS

Pages 1 through 5 of Appendix C have been deleted due to irreproducibility.

These pages contained several letters.

DEVELOPING A NATIONAL COMMUNITY COLLEGE PROGRAM FOR HUMAN SERVICES/DRUG ABUSE WORKERS

Joseph L. Olson, M.ED., James E. O'Connor, M.S. - Occupational Development, Miami-Dade Community College, 11011 S.W. 104 Street, Miami, Florida 33176

In late 1975 Miami-Dade Community College received a grant from the National Institute on Drug Abuse to design a model curriculum Development Guide for a largely external, broadly transferable Associate Degree Program in Human Services and to convene a National Conference for selected community college personnel to (1) acquaint them with the demand for drug abuse curriculum and (2) organize and develop a consortium of community colleges in selected cities in the United States for the purpose of offering an Associate Degree in Human Services.

Two persons from Miami-Dade were designated to pursue these goals: James O'Connor, Project Director, and me as Academic Coordinator. Our first effort was to become familiar with other human services/substance abuse programs and particularly the National Institute for Drug Program's pioneering endeavor at Marjorie Webster Junior College, Washington, D.C. We were able to extract from their program materials almost 300 specific learning objectives. After this extraction, we created a task-force of disciplinary specialists from the instructional staff of our institution to analyze these objectives in terms of their appropriateness to Miami-Dade course offerings. This exercise established that all objectives, except for those relating to management and to the actual process of counseling, were capable of absorption by existing college-parallel courses.

Visits to local facilities and an examination of curriculum efforts by other institutions indicated that counseling skills were deemed to be among the more essential requirements of successful practitioners. If our program were to meet the test of "broadly transferable," specific courses in counseling could not be offered at either our or the baccalaureate level. What we could do was to permit the student to earn partial course credits through his application of psychological and sociological principles in on-the-job counseling situations.

In November we visited with former instructional personnel of the Marjorie Webster program. This visit resulted in a decision regarding a means through which the program should be implemented. As we talked to this dedicated group of pioneers, it became quite evident that they viewed with extreme trepidation any attempt to externalize instructional efforts for substance abuse workers. They feared that such an effort would inevitably lead to alienating the very clientele that the program purported to serve. Success in the program, they repeatedly reiterated, required a corps of committed instructors who could, and would, offer the strong emotional support that recently rehabilitated substance abusers, a major component of student recruitment efforts for the program, required and expected.

This meeting led us to a sobering reappraisal of the validity of a largely external instructional program; and from this grew the concept of the Program Manager.

Cardinal to the success of any effort is the nature of its management. For most endeavors, management models are extant that can be modified to fit any organizational needs. Enterprises that are truly innovative, however, deny an opportunity to utilize existing models. We believe that a national Human Services/Drug Abuse program falls into this category. It is unique. It is not only national but ultimately it is to be offered largely through non-traditional instructional modes. Its successful development and implementation will tax the managerial skill of each college participant.

Who the manager is (if, indeed, there is to be a single manager at each institution), what his responsibilities are, what precise duties he assumes, are all questions to be determined on an institutional basis.

It is our hope, however, that each member institution will carefully consider the nature of the program and the uniqueness of the clientele and consider the appointment of a single individual as Program Manager. The scope of this role will be:

1. Academic counselor for all student participants. As such, he should have not only a thorough understanding of the Human Services/Drug Abuse program, but should also be sufficiently well-informed so as to advise the student on:

   a. higher academic transfer possibilities,

   b. prospects for employment and at what capacities and what remuneration upon completion of associates, bachelors, and masters degree levels,

   c. possible vocational avenues in other areas of the human services,

d. opportunities to acquire academic credits for previously acquired learning experiences: CLEP, Credit-by-examination, etc., and

e. emotional and intellectual demands of the program and the field so that he can adequately advise students "into" and "out-of" the program.

2. Academic coordinator. In this role the program manager will coordinate the attainment of program objectives with appropriate facilities personnel in experiential learning situations.

   Since the ultimate goal of the program is to provide the maximum external instruction within the capacity of the institution, the human services program manager needs to meet with other academic area specialists both within the campus community and within the consortium.

3. Academic negotiator. In this role the program manager will negotiate credit-by-examination procedures with other members of the college community and negotiate entry of his students either into specific courses or into significant and appropriate segments of courses in the fulfillment of consortium objectives. As the program moves toward greater externality, the program manager will have the responsibility of acting as an intermediary between the student and specific subject area specialists.

4. Provider of emotional and intellectual support for his students. We consider this role to be the most crucial played by the program manager. In fact, the whole concept of program manager was born from this role definition. We anticipate that a significant number of our students will have had extensive recent experience in a social setting that provided maximal emotional and psychological support. While our goal should be in terms of fostering socially acceptable, self-reliant personalities relatively free of problem dependencies, judicious care should be taken to assure that their academic environment is not abruptly different from their recent supportive experience. The kind of support that we are talking about is not permissive coddling; in fact, an overly permissive attitude on our part might well abort whatever habilitation progress the student has made to date. We must emphasize that learning is the student's responsibility and that the program

manager's role is to provide him with the means of meeting his responsibility, that the procedures for awarding grades in the program are to be as rigorously adhered to as in any other program in the institution. The program manager will provide his students with all the aid and assistance that the college possesses in the furtherance of the learning task.

This supportive role requires that the program manager be maximally available to his students. He should specify those times that he is available for campus and telephone conferences and he should plan for on-site student visitations. He should convey to his students the assurance that he is concerned with their educational progress.

In addition, the program manager will have certain ancillary responsibilities. He will have to assume the responsibility of developing program materials, not only for his campus operations but also for those objectives amenable to the development of modularized learning supplements for which there is an acknowledged consortium need. If the program is ultimately to approach near total externality, this task could prove to be quite formidable.

The right of each participating institution to employ the personnel that they feel most competent to develop and implement the Human Services/Drug Abuse program is, again, uniquely theirs. Mimai-Dade has no mandate to impose its views on the academic sovereignties that comprise the consortium. However, we have offered some criteria for the appointment of program managers. Candidates for this position should possess:

1. the capability of lending necessary emotional support to participants in the program,
2. a student-oriented teaching philosophy,
3. a broad academic background, especially in the area of the social and behavioral sciences,
4. a history of human services involvement (especially desirable would be specific experience with substance abuse rehabilitation programs),
5. contacts with community Human Services agencies and personnel,
6. broad contacts throughout the academic community,

7. a willingness to support every aspect of the program,

8. a superior ability to communicate,

9. a commitment to punctuality and professional responsibility, and

10. a concern for detail and careful record keeping.

The next step in creating a national Human Services program for substance abuse workers was to determine the criteria for selecting other institutions to participate in this joint venture. In cooperation with the National Institute on Drug Abuse (NIDA), the Center for Human Services (CHS), and the Career Development Center (CDC), it was determined that participating colleges:

1. be accredited by one of the six regional accrediting associations and have an open door policy,

2. have cooperated with national "Open Learning" projects and a willingness to share any open learning courses that they may have developed,

3. be located in large metropolitan areas,

4. be located near a Regional Training Center,

5. be receptive to non-traditional approaches in instruction,

6. have an upper division institution in the region to which students may transfer credits earned in this program toward a b chelor's degree,

7. be acceptable to the funding agency or its designee,

8. agree to design the program so that the program will be self-supporting at the conclusion of the funding period,

9. be committed to the expansion of the national consortium to include other institutions,

10. be willing to work with components of the National Training System, and

11. be acceptable to the American Association of Community and Junior Colleges (AACJC).

Utilizing these criteria, seven community colleges joined us in our initial endeavors along with two adjunct participants. From two national conferences with curriculum representatives from ten schools, it was determined that learning objectives would be categorized in two broad areas: (1) Generic Human Services and (2) Substance Abuse Specific.

Since many of the curriculum representatives were concurrently teachers of human services programs or familiar with the concept, it was determined that broad instructional goals could be developed by focusing on the two major concerns of the human services industry. These concerns are habilitation and problem dependencies.

After the development of instructional objectives, we turned our attention to devising specific learning objectives. These objectives were devised in terms of what human services workers do, as described by Dr. Bertram Brown of the National Institute on Mental Health. In his fourteen roles of the generalist, Dr. Brown defined the following:

1. Outreach (human link) Worker - reaches out to detect people with problems to refer them to appropriate services and to follow them up to make sure they continue to their maximum rehabilitation level.

2. Broker - helps people get to the existing services and helps the services relate more easily to clients.

3. Advocate - pleads and fights for services, policies, rules, regulations, and laws for clients.

4. Evaluator - assesses client or community needs and problems whether medical, psychiatric, social, educational, etc. This includes formulating plans and explaining them to all concerned.

5. Teacher-Educator - performs a range of instructional activities from simple coaching to teaching highly technical content directed to individuals or groups.

6. Behavior Changer - carries out a range of activities planned primarily to change behavior, ranging from coaching and counseling to casework, psychotherapy, and behavior therapy.

7. Mobilizer - helps to get new resources for clients or communities.

8. Consultant - works with other helping persons and agencies regarding their handling of problems, needs, and programs.

9. Community Planner - works with community boards, committees, etc., to assure that community developments enhance positive mental health and self and social actualization, or at least minimizes emotional stress and strains on people.

10. Care Giver - provides services for persons who need ongoing support of some kind (i.e., financial assistance, day care, social support, 24-hour care).

11. Data Manager - performs all aspects of data handling, gathering, tabulating, analyzing, synthesizing, and program evaluation and planning.

12. Administrator - carries out activities that are primarily agency or institution-oriented rather than client or community-oriented (budgeting, purchasing, personnel activities, etc.).

13. Assistant to Specialist - this role is kept since there is undoubtedly some need for aides and assistants to the existing professions and specialties.

14. Clerical - performs primarily secretarial/receptionist type duties in a Human Services setting but job does not relate directly to mental health functions.

After delineating our own learning objectives, those from the Marjorie Webster experience were added.

The substance abuse objectives were based upon learning needs perceived by curriculum members, and again the Marjorie Webster objectives were added.

Having agreed upon tentative goals and objectives, the next step logically would have been directed toward the appointment of Program Managers in the several institutions who would then check instructional objectives against the needs of facilities from which students would be drawn. He would then recruit adjunct instructional personnel from the facilities, and begin to coordinate involvement with instructional personnel in the appropriate academic areas crucial to the program. Finally, he would begin to develop instructional methodologies and materials that lend themselves to non-traditional learning.

Unfortunately, NIDA was unable to provide major funding necessary for these ends. Miami-Dade, however, did receive a small grant from NIDA for the limited development of instructional materials. One aspect of this grant calls for the development of a text incorporating the objectives of the generic human services aspect of the program. Additionally, there is to be a series of six modules dealing specifically with the objectives from the substance abuse aspect of the program.

We have continued to pursue funding from NIDA for our collective efforts. Hopefully, the near future will provide support which will allow the educational community and the National Training System (NTS) to work together in the search for some answers to a complex set of societal problems of continuing concern.

Pages 14 through 21 of appendix C were deleted due to irreproducibility. These pages contained materials related to the National Drug Abuse Conference, 1977 & 1978.

FORMULATING A NATIONAL GENERIC HUMAN SERVICES CURRICULUM

In early 1977, the Human Services/Drug Abuse Staff at Miami-Dade Community College undertook a project to determine the current status of generic Human Services Programs in two-year institutions with a credit head count of 2,000 or more. Responses were received from 176 institutions in 34 states. The survey questions and responses follow:

1. Do you have or are you planning a Human Services Program?
    a. 92 institutions (52%) do have a Human Services Program.
    b. 61 institutions (35%) do not have a Human Services Program.
    c. 23 institutions (13%) are presently planning a Human Services Program.
    176

2. Was the program based upon a community needs assessment?
    71 institutions (72%) stated that their Human Services Programs were based upon a community needs assessment.

3. How long has the program been in operation at your institution?
    Human Services Programs have been in existence for an average of 4.8 years.

4. Where is the program administratively housed in your institution?

a.	Human Services	25 institutions (27.2%)
b.	Social Sciences	19 institutions (21.0%)
c.	Health Technology	11 institutions (12.0%)
d.	Behavioral Science	9 institutions (9.8%)
e.	Other	8 institutions (9.0%)
f.	Education	8 institutions (9.0%)
g.	Public Services	7 institutions (7.6%)
h.	Social Services	3 institutions (3.3%)
i.	Arts and Sciences	1 institution (1.1%)

5. What specialty areas are included in you Human Services Program?
    The numbers of those institutions offering the following specialty areas under Human Services are:

a.	Mental Health	50 (54%)
b.	Child Care	50 (54%)
c.	Elderly	38 (41%)
d.	Counseling	36 (39%)
e.	Teacher Aid	34 (37%)
f.	Corrections	32 (35%)
g.	Alcohol Abuse	24 (26%)
h.	Drug Abuse	22 (24%)
i.	Other	13 (14%)

6. Is the program generic in nature?
    81 institutions (86%) stated that the programs are generic in nature.

7. What is the enrollment in your Human Services Program?
    The average enrollment is 153.

8. What degree is your institution awarding?
    39 institutions (42%) are awarding an A.A.
    56 institutions (60%) are awarding an A.S.
    4 institutions (4%) are awarding a certificate without a degree.

*Several institutions offer both an A.A. and A.S. degree.

The results indicate a growing need for generic Human Services Programs based upon community needs assessment. However, there is little agreement as to where the Human Services Programs should be housed administratively and what specialty areas constitute Human Services.

For our purposes, it is significant that only 24 of the 92 institutions (26%) with Human Services Programs offer specialy tracks in drug and/or alcohal abuse.

Please direct any future questions to:
Mr. James O'Connor
Project Director, Room 2147
Human Services/Drug Abuse Project
Miami-Dade Community College
11011 S. W. 104 Street
Miami, Florida 33176
(305) 596-1330

Pages 23 through 25 of the original document's appendix C were deleted due to irreproducibility. These pages contained a graph illustrating the findings of the survey summarized on pages 21 and 22, and a memo.

APPENDIX D

NATIONAL SURVEY: THE STATUS OF HUMAN SERVICES PROGRAMS AMONG SELECTED PUBLIC AND PRIVATE TWO-YEAR INSTITUTIONS

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

OFFICE OF THE PRESIDENT
(305) 596 1211

March 9, 1977

Dear Colleague:

For two years Miami-Dade Community College has been coordinating a national consortium of colleges interested in cooperatively designing an associate degree program in Human Services with a specialty track. The Human Services program designers recognize a generic core of knowledge and skills providing for the addition of other tracks introducing at the lower division a variety of career pursuits in the helping professions. The tracks commonly associated with Human Services programs are: drug abuse, mental health, child care, teacher aid, the elderly, corrections, offender rehabilitation, alcohol abuse, and counseling, among others.

The development of mutually beneficial instructional materials is a major goal of the consortium. At present we are developing a textbook entitled, "Introduction to the Human Services," and a series of modules dealing with "Chemical Substance Abuse in America" (CSAA). The CSAA modules can be used to configure a single course or they may be applied in appropriate courses in the program. We expect these publications to be available nationally by early 1978.

Miami-Dade will conduct a discussion seminar entitled, "The Need for a National Program for Human Services Workers," at the AACJC national convention in Denver, Colorado in April. This will be an excellent opportunity for you to secure further details associated with the Human Services program design and the development of instructional materials.

We will appreciate your taking a few moments of your valuable time to complete and return, at your earliest convenience, the attached questionnaire.

Thank you for your cooperation.

Cordially,

Peter Masiko, Jr.

Peter Masiko, Jr.
President

lm
Attachment

3/9/77

HUMAN SERVICES QUESTIONNAIRE

PLEASE PRINT OR TYPE

NAME ______________________________

TITLE ______________________________

INSTITUTION ______________________________

ADDRESS ______________________________

____

PHONE WITH AREA CODE (   ) ______________________________

Please underline the responses and fill in the information appropriate to your institution.

1. We (do have) (do not have) (are planning) a Human Services program at our college.
2. Our Human Services program (was) (was not) established on the basis of a community needs survey.
3. The Human Services program at our college has been in operation for ___ years.
4. We (would) (would not) be willing to share a copy of the design for our Human Services program with your consortium members.
5. The name(s) of the department(s) which houses (house) the Human Services program at our college is (are) ______________________________ ______________________________.
6. Our Human Services program emphasizes the following track(s): (drug abuse) (mental health) (child care) (teacher aid) (the elderly) (corrections) (offender rehabilitation) (alcohol abuse) (counseling). If others, please write in: ______________________________.
7. The design of our Human Services program (is) (is not) premised upon the existence of a generic core of knowledge and skills.
8. Our Human Services program presently has a total of __________ (number) students enrolled.
9. Our Human Services graduates are awarded an (A.A.) (A.S.) __________ (other) degree.
10. What Human Services or Human Services-related text(s) is (are) currently in use at your college? (include title, author, publisher) ______________________________ ______________________________
11. Our college (would consider) (would not consider) using the textbook, "An Introduction to Human Services."
12. Our college (would consider) (would not consider) using the modules, "Chemical Substance Abuse in America."

13. We (would) (would not) be interested in receiving more information regarding the Human Services program design.

14. We (do) (do not) wish to be informed of other instructional materials the Human Services consortium may develop in the future.

15. We (plan) (do not plan) to attend the Human Services/Drug Abuse discussion seminar conducted by Miami-Dade Community College project staff at the AACJC national convention in Denver.

Please type or print any comments on the back of this questionnaire. We will appreciate your returning this completed questionnaire via the enclosed self-addressed, postage-paid envelope at your earliest convenience.

APPENDIX E

PROGRAM IMPLEMENTATION

PRELIMINARY LONG-RANGE GOALS FOR A PROGRAM MANAGER

I. Immediate Goals of the Program Manager

- A. To become familiar with the Human Services concept.
- B. To begin formulating a Human Services/Drug Abuse program to be offered at Miami-Dade Community College, Criteria for Human Services/Drug Abuse Program will be predicated on:
  1. making the program "broadly transferable,"
  2. meeting general education requirements of Miami-Dade Community College.
- C. To provide Human Services/Drug Abuse students with a "largely non-traditional program," utilizing, where appropriate:
  1. course offerings of Open College,
  2. Directed Independent Study courses through negotiations with selected Miami-Dade faculty members.
- D. To establish liason with Drug Abuse Treatment centers and other Human Services agencies within the servicing area of Miami-Dade Community College.
- E. To work with the Miami-Dade Project Staff in editing learning materials appropriate to programs.

II. First Year Goals of the Program Manager

- A. To prepare and procure appropriate endorsements for program submission to College Committee on Academic Affairs (CCAA).
- B. To recruit students for Human Services/Drug Abuse Program.
- C. To recruit instructional personnel from local substance abuse facilities.
- D. To conduct orientation programs for incoming students.
- E. To facilitate registration of incoming students.
- F. To inaugurate first Miami-Dade Human Services/Drug Abuse Program.
- G. To cooperate with colleagues from other institutions in completing the two-year design for Human Services/Drug Abuse programs.
- H. To conduct feasibility studies re: the addition of additional Human Services tracks.

III. Continuing Goals of the Program Manager

- A. To investigate the modes adopted by other institutions for evaluating credit for past learning experiences.
- B. To investigate the need for additional tracks of national import in the Human Services program.
- C. To investigate possible funding sources for additional tracks, and to compile a listing of same.
- D. To prepare an annotated bibliography relative to other possible Human Services tracks.
- E. To cooperate with other members of the collegiate collectivity in the development of a curricular commons and in learning materials to implement same.

NATIONAL HUMAN SERVICES/DRUG ABUSE PROJECT
FIRST-YEAR OPERATIONAL DETAILS
OCTOBER 1, 1978 THROUGH JULY 31, 1979

The Program Manager will:

I. Manage the implementation of the Human Services/Drug Abuse program at M-DCC:
  A. Institutional Responsibilities-implement consortial agreements,
  B. Organization-provide input to the updating of the communication schema,
  C. Project and Program Staff Meetings-attend Human Services Coordination Committee and other program-related meetings, and represent M-DCC at national HS/DA project meetings involving Program Managers,
  D. Advisory Committee-serve as secretary to the local Advisory Committee,
  E. Articulation and Liaison-function as program liaison to the local upper-division institutions and Metropolitan Dade County facilities,
  F. Program Goals, Objectives and Courses-implement the consortially designed HS/DA model program,
  G. Target Population-continue to derive unique instructional strategies, principles and techniques to meet the learning styles of the target population,
  H. Program Management-utilize the consortially-devised program management concept,
  I. Academic Approval-remain involved in the academic refinement of the program,
  J. Program Promotion and Publicity-participate with development of promotional and publicity efforts supportive of the program.
  K. Student Recruitment and Advisement-be responsible for the recruitment and advisement of students from NIDA-funded local facilities,
  L. Instructional Materials-participate in the development of program-related instructional materials of value to the consortium colleges,
  M. Written Reporting-participate in the design and composition of official written reports to NIDA,
  N. Project and Program Expansion-participate in the curricular refinement of the program,
  O. Continuous Project Life-continuously reinforce the "single project concept."

II. Engage in various activities of direct value to the national HS/DA consortium:
  A. Institutional Responsibilities-in general, document all activities related to the implementation of the consortially drafted and ratified "Institutional Responsibilities,"
  B. Organizational Chart-contribute to the design of an organizational chart for the national consortium,
  C. Project and Program Staff Meetings-represent M-DCC at national HS/DA consortium meetings involving Program Managers,

D. Advisory Council-make the minutes from the local Advisory Council available to consortium members and the national HS/DA Advisory Council,

E. Articulation and Liaison-document all HS/DA efforts for consortial purposes pertaining to articulation with the local consortium, local upper division institutions, Florida Community and Junior Colleges, and liaison with Metropolitan Dade County facilities, Single State Agency, and the national consortium,

F. Program Goals, Objectives and Courses-document the effectiveness of the M-DCC adaptation of the consortially conceived HS/DA model program,

G. Target Population-document for distribution to consortium members all instructional strategies and techniques dealing effectively with the target population,

H. Program Management-be prepared to report to consortium members all successful aspects of the consortially conceived "Program Management Concept."

I. Academic Approval-be prepared to share with consortium members all information relative to obtaining academic approval,

J. Program Promotion and Publicity-document for consortium members all salient features of the M-DCC program promotion and publicity effort,

K. Student Recruitment and Advisement-document for distribution to consortium members all aspects of successful recruitment and advisement of the target population

L. Instructional Materials-participate in the development of additional components for the "Introduction to Human Services" and "Drug Abuse" courses and/or other consortially valuable courses,

M. Written Reporting-participate as a model "Program Manager" in the design of formats to be used in reporting consortial activities officially to NIDA,

N. Project and Program Expansion-be prepared to share with other consortial Program Managers available information concerned with the refinement of the "generic core concept" and the addition of other specialty-area tracks,

O. Continuous Project Life-participate in the sharing of information with other Program Managers involving the perpetuation of the project after federal funding is terminated.

MAJOR FUNCTIONS OF THE HUMAN SERVICES PROGRAM MANAGER

I. Administrative 25%

1. Places students in cooperative and work experience programs. He assists in working out arrangements between agencies and the school to provide concrete work experiences for students.

2. Recommends instructors. He assists in setting standards and determining minimum acceptable competencies of instructors. He also teaches in the program himself.

3. Identifies community resources. He identifies resources which would support the instructional program.

4. Schedules classes. He determines the time and place for classes to be offered.

5. Prepares and secures appropriate endorsements for the program.

6. Facilitates registration of incoming students.

7. Acts as coordinator and recording secretary of the Human Service Advisory Committee.

8. Adheres to the policies, procedures and guidelines as stipulated in the grant awarded by the National Institute of Drug Abuse.

9. Maintains a liaison with the Project Director and the College Dean of Occupational Education.

II. Academic Coordinator 25%

1. Is the academic coordinator. In this role the program manager coordinates the attainment of program objectives with appropriate non-institutional personnel in experiential learning situations. Part of the experiential learning is in terms of practica, and part is incorporated into the strategies designed to meet specific course objectives in other areas of the program.

2. Is an academic negotiator. In this role, the program manager negotiates credit-by-examination procedures with other members of the college community and negotiates entry of his students either into specific courses or into insignificant and appropriate segments of courses in the fulfillment of program objectives.

3. Assesses the occupational needs of the Human Services field. He keeps in touch with the various agencies to determine employment opportunities.

4. Evaluates curricula in order to suggest changes in the program by reviewing follow-up studies of students.

5. Fosters community public relations. The public's understanding of the occupational education programs in the school depends directly on the information emanating from the school. The program manager serves as a link with the community by interpreting these programs to both agencies and the community.

6. Works with the Miami-Dade Project Staff in editing learning materials appropriate to the program.

7. Acts as liaison between the college and Human Services Advisory Committee.

8. Acts as a liaison with senior education institutions.

9. Teachers "Introduction to Human Services" course.

III. Recruitment and Academic Counseling 50%

1. Is the recruiter of students for the Human Services Program. In this capacity he:
   a. recruits students for the Human Services program, paying particular attention to female and minority group students,
   b. recruits students employed by the various state, county and city agencies who wish further in-service training, and students seeking the skills necessary for employment at the various agencies.

2. Is the academic counselor for all student participants. As such, he advises the student on:
   a. higher academic transfer possibilities,
   b. prospects for employment, and at what capacities and what remuneration upon completion of associates, bachelors, and master level,
   c. possible vocational avenues in other areas of the human services,
   d. opportunities to acquire academic credits for previously acquired learning experiences; CLEP, Credit-by-Examination, etc.
   e. emotional and intellectual demands of the field so that he can adequately advise students "into" and "out-of" the program.

3. Is a provider of emotional and intellectual support for his students. A significant number of our students have had extensive experience in a social setting that provided maximal emotional and psychological support. A program goal is in terms of fostering socially acceptable, self-reliant personalities relatively free of problem dependencies, judicious care should be taken to assure that the student's academic environment is not abruptly different from his supportive experience.

MEMORANDUM

May 31, 1977

TO: Dr. George Mehallis

FROM: Charles Klingensmith

SUBJECT: MR. KLINGENSMITH'S 1977-78 GOALS

Based upon the job description developed for the Human Services/Drug Abuse Program Manager, the following goals have been negotiated by Mr. O'Connor and myself for 1977-78. The goals and their objectives are listed below.

Goal 1: To launch the Human Services/Drug Abuse Program

Objective 1: To visit various drug abuse facilities for the purpose of:

a. soliciting feedback on materials being developed by the Human Services/Drug Abuse Project;

b. ascertaining the number of prospective candidates for the Human Services/Drug Abuse Project;

c. soliciting and evaluating feedback relating to the course structure within the program;

d. surveying the community agencies for possible candidates for adjunct positions;

e. identifying possible facilities for possible outreach activities; and

f. securing endorsements for the program by leaders in the field.

Objective 2: To determine potential on-campus instructors for the program.

Objective 3: To determine the number, kind, and type of independent study packages available at Miami-Dade for utilization in the program.

Objective 4: To secure campus and institutional curriculum council approval of the program.

Objective 5: To determine what segments of the program can be met through courses being offered by Open College in January, 1978, April, 1978, June, 1978, and September, 1978.

Objective 6: Determine how NIDA is to aid in student recruitment.

Objective 7: Develop plans for orientation workshops for:

a. students in the program; and

b. participating North Campus faculty and adjunct personnel.

Objective 8: To determine what "on-going work experience" is appropriate for college credit.

Objective 9: To develop criteria for evaluating work experience and practica.

Goal 2: To assist in the production of curriculum materials

Objective 1: To act as research librarian for CSAA modules

Objective 2: To act as project liaison person regarding CSAA modules

Objective 3: To assist in the proofing and editing of chapters in the textbook, "An Introduction to Human Services"

Goal 3: To determine future goals and direction for Human Services at Miami-Dade

Objective 1: To identify other activities which encompass Human Services

Objective 2: To identify and coordinate national and local efforts in the area of Human Services

Objective 3: To begin to locate possible additional financial sources for support of Human Services activities

cc: Dr. Roch L. Mirabeau
Dr. M. Duane Hansen

CK/sp

THE HUMAN SERVICES/DRUG ABUSE EFFORT AT MIAMI-DADE COMMUNITY COLLEGE

PREPARED BY THE
OFFICE OF OCCUPATIONAL DEVELOPMENT

MIAMI, FLORIDA
MAY, 1978

Pages 9 through 13, containing the results of the Human Services/Drug Abuse Unification Meeting, have been deleted due to irreproducibility

MIAMI-DADE COMMUNITY COLLEGE
HUMAN SERVICES PROGRAM

ASSOCIATE OF ARTS DEGREE: HUMAN SERVICES

The Human Services Program prepares individuals to help others through work in the areas of drug and alcohol rehabilitation, corrections, geriatrics, child care, and other related fields. The program provides the necessary education and experience for employment as a paraprofessional in public and private Human Services organizations, and for transfer to senior institutions for upper division study. Upon completion of the program the student will be awarded an AA degree and a Human Services Certificate.

FRESHMAN YEAR

FIRST TERM

Course Number	Course Name	Cr. Hrs.
ENC 1103	English Composition	3
SSI 1011	Social Science	3
HUM 2511	Humanities	3
PCO 2731	Human Relations	3
HUS 1010	Introduction to Human Services	3
PED	Physical Education Elective	1
		16

SECOND TERM

Course Number	Course Name	Cr. Hrs.
ENC 1136	English Composition	3
SSI 1012	Social Science	3
HUM 2570	Humanities	3
HUS 1202	Basic Counseling Skills	3
SOC 2000	Introduction to Sociology	3
PED	Physical Education Elective	1
		16

SPRING/SUMMER SEMESTER

*APB	1150	General Education Biology	3
PPE	2001	Dynamics of Behavior	3
			6

SOPHOMORE YEAR

FIRST TERM

Course Number	Course Name	Cr. Hrs.
CLP 2001	Basic Human Development	3
HUS 2000	Counseling Techniques	3
HUS 2000L	Counseling Techniques Lab	3
SOC 2020	Social Problems	3
MGF 2113	General Education Math	3
		15

SECOND TERM

Course Number	Course Name	Cr. Hrs.
HUS 2011	Field Experience in Human Services	3
**Electives		6
		9

*Natural Science requirement can be met by selecting: APB 1150, GLY 1000, PSC 1121, OCE 1001, AST 1002.

**Electives must be chosen from the following:

ANT 2410	Introduction to Cultural Anthropology
ECO 2013	Principles of Economics
LAH 2480	History of Cuba
REL 2601	Jewish History and Culture
AMH 2574	African Roots in American Soil
SOP 2772	Human Sexuality
DEP 2481	Death Attitudes/ Life Affirmation
POS 2041	American Federal Government
DEP 2000	Human Growth & Development
PSY 2012	Introduction to Psychology
MAF 2501	Marriage and the Family

HUMAN SERVICES PROGRAM: COURSE DESCRIPTIONS

HUS-1010: INTRODUCTION TO HUMAN SERVICES

This course is an introduction to an overview of the field of Human Services. The student will be exposed to the role of the Human Services worker as it relates to various agencies, counseling, interviewing and managing.

HUS-1202: BASIC COUNSELING SKILLS

This course involves helping relationship skills, such as empathy, rapport, congruence and active listening. These skills will be presented in the context of general counseling theory.

HUS-2200: COUNSELING TECHNIQUES

This course is based on work in Basic Counseling Skills. Specific counseling techniques are introduced within the context of various counseling theories. Work involves both group and individual techniques.

HUS-2200L: COUNSELING TECHNIQUES LABORATORY

This course is designed to accompany the Counseling Techniques class. This laboratory will involve practice counseling under supervised conditions so that students can practice skills and techniques being taught. The laboratory work will involve regular meeting with the supervisor along with actual practice counseling.

HUS-2011: FIELD EXPERIENCE IN HUMAN SERVICE

In this class students will work, on a volunteer basis, as counseling paraprofessionals in a community agency. This work will be supervised and students will be required to meet regularly with the Field Coordinator.

NATIONAL DRUG ABUSE CENTER
COURSES RECOMMENDED FOR CREDIT BY AMERICAN COUNCIL ON EDUCATION TEAM
February 1-2, 1977

	COURSE TITLE	BACCALAUREATE DIVISION	SEMESTER HOURS
1.	Drug Abuse: Fundamental Facts and Insights	Lower or Upper	2
2.	Counselor Training: Short Term Client Systems	Upper	2
3.	Vocational Rehabilitation	Upper	3
4.	Making A Difference With Youth	Lower	3
5.	Assessment Interviewing For Treatment Planning	Lower or Upper	2
6.	Women in Treatment	Upper	2
7.	Interfacing Drug Abuse Treatment With The Crimminal Justice System	Upper	2
8.	Training of Trainers	Upper	2
9.	Basic Management Skills	Upper	3
10.	Residential Treatment Managers	Upper	2

HUMAN SERVICES/DRUG ABUSE PROGRAM

CODE - CLEP (College Level Examination Program)
CBE (Credit by Exam)
DIS (Directed Independent Study)
OPEN COLLEGE (Offers Courses Via Open Television and Radio Broadcast and Independent Study)

FIRST TERM

COURSE	NON-TRADITIONAL MODE OF INSTRUCTION
ENC 1103 English Composition	Open College, CLEP, CBE, DIS
SSI 1011 Social Science	CLEP, CBE, DIS
HUM 2511 Humanities	CLEP, CBE, DIS
PCO 2731 Human Relations	
HUS 1010 Introduction to Human Services	CBE, DIS

SECOND TERM

ENC 1136 English Composition	CLEP, CBE, DIS
SSI 1012 Social Science	CLEP, CBE, DIS
HUM 2570 Humanities	CLEP, CBE, DIS
HUS 1202 Basic Counseling Skills	CBE, DIS
SOC 2000 Introduction to Sociology	CLEP, CBE, DIS

THIRD TERM

ABB 1150 General Education Biology	CLEP, CBE, DIS
or	
GLY 1000 Earth Science	Open College, CLEP, CBE, DIS
PPE 2001 Dynamics of Behavior	CBE, DIS

FOURTH TERM

CLP 2001 Human Development	Open College, DIS
HUS 2000 Counseling Techniques	DIS
HUS 200L Counseling Techniques Lab	DIS, Work Experience
SOC 2020 Social Problems	DIS
MGF 2113 General Education Math	Open College, DIS, CBE

FIFTH TERM

HUS 2011 Field Experience	Life/Work Experience

ELECTIVES

ANT 2410 Cultural Anthropology	Open College, CLEP, CBE, DIS
ECO 2013 Principles of Economics	CLEP, CBE, DIS
LAH 2480 History of Cuba	CBE, DIS
REL 2601 Jewish History and Culture	CBE, DIS
AMH 2574 African Roots in American Soil	Open College, DIS
POS 2041 American Federal Government	CLEP, CBE, DIS
DEP 2000 Human Growth and Development	Open College, CBE, DIS
PSY 2012 Introduction to Psychology	Open College, CBE, DIS
MAF 2501 Marriage and Family	CBE, DIS

Pages 18 and 19 of Appendix D were deleted from this document

MAJOR FUNCTIONS OF ADVISORY COMMITTEES

At the secondary and postsecondary education levels, the advisory committee plays an extremely important role in searching for new ways to bring the school and the world of work closer together. The following thirteen functions of the advisory committee were those most frequently reported by vocational directors, occupational deans, vocational instructors, and others having a close working relationship with advisory committees.

1. ASSESSING OCCUPATIONAL NEEDS The advisory committee helps to conduct surveys of occupational needs in order to keep the school well informed.
2. EVALUATING CRITERIA They review all occupational education programs, new and old. This should take place at least once a year. They can suggest changes in programs by reviewing follow-up studies of students. Probably no one in the community is more aware of new technical developments which require changes in curriculum than members of related advisory committees.
3. RECRUITING STUDENTS They assist in recruiting students for occupational education programs, paying particular attention to female and minority-group students in order to assure them an opportunity to compete for employment.
4. PLACING STUDENTS They work closely with the school to keep students informed about occupational opportunities and requirements.
5. PLACING COOPERATIVE AND WORK EXPERIENCE PROGRAMS They assist in working out arrangements between business or industry and the school to provide concrete work experiences for students.
6. RECOMMENDING INSTRUCTORS They assist in setting standards and determining minimum acceptable competencies of instructors.
7. PLANNING EQUIPMENT AND FACILITIES They can be invaluable in planning for equipment and facilities. Their advice can often lead to donated equipment and materials.
8. IDENTIFYING COMMUNITY RESOURCES They identify resources which would support the instructional program.
9. REVIEWING PROGRAMS They review the results of follow-up studies of students. They can suggest and encourage program changes when feasible.
10. ARRANGING FIELD TRIPS They can help arrange a wide variety of field trips for students and instructors to dental laboratories, carpentry shops, commercial bakeries, radio and television repair shops, and so on. Such trips are valuable in giving students an opportunity to observe the environment in which they will work.
11. PROVIDING SPEAKERS From the ranks of advisory committees have come stimulating speakers for various classes and meetings. Committee members are valuable as speakers because they are familiar with the problems of education as well as the problems and opportunities of industry and business. In addition, they can frequently suggest other possible speakers. For example, the police chief, who is a member of the Law Enforcement Advisory Committee, may know fingerprint experts, laboratory technicians, detectives, police officers, and others who would have much to offer as speakers.
12. ACTING AS LIAISON BETWEEN LABOR AND MANAGEMENT The joint apprenticeship committees have provided communication between labor management and the schools. The schools provided related instruction which supplements on-the-job training for apprentices. This process has payed the way for job entry by those who complete the program. The liaison activities of joint apprenticeship committees do much to eliminate the confusion which arises when part of the occupational educational education program is taken over by agencies other than the school.

    A special effort should be made to include representatives from organized labor on the three major types of advisory committees described in this chapter. Labor representation should be especially visible when formulating policy which affects that portion of the work-force covered by collective bargaining agreements. Labor should be included not only because of its own interest, but also to encourage unions to add legislative support to the goals of occupational education.

13. FOSTERING COMMUNITY PUBLIC RELATIONS The public's understanding of the occupational education programs in the school depends directly on the information emanating from the school. The advisory committee serves as a link with the community by interpreting these programs to both industry and the community.

FUNCTIONS OF OCCUPATIONAL ADVISORY COMMITTEE

1. Lists the specific skills and suggests related and technical information for the instructional program.
2. Recommends competent personnel from business and industry as instructors.
3. Helps evaluate the program of instruction.
4. Suggests ways for improving the public relations program at the school.
5. Assists in recruiting students, providing internships, and placing qualified graduates in appropriate jobs.
6. Keeps the school informed on changes in and needs of the labor market.
7. Provides means for the school to inform the community of occupational programs.
8. Serves as a communication channel between school and community occupational groups.

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HUMAN SERVICES ADVISORY COMMITTEE MEETING
MIAMI-DADE COMMUNITY COLLEGE SOUTH
DISTRICT ADMINISTRATION BUILDING ROOM 1006
MAY 26, 1978 - 1:30 PM - 3:00 PM

I. Introduction of Committee Members

II. Purpose and Function of Advisory Committee

III. Recruitment Plan

  A. Identify facilities students

  B. Arrangements for Financial Aid - Federal/State/Local

  C. Contact students - informationally

  D. Arrange on-site student advisement and recruitment meetings including M-DCC and facilities supervisors

    1. Human Services Program presentation advisement materials, brochure, etc.

    2. Preferred courses and scheduling and locations

    3. Testing availability/Remediation

    4. Financial Aid available
    Complete forms

    5. Complete Registration Forms

    6. Optional follow-up meeting

IV. Future Meetings

  A. Delivery of Instruction

  B. College/Facility Field Supervision
  Joint monitoring of students

  C. Dates and locations

  D. Agenda Items

HUMAN SERVICES ADVISORY COMMITTEE

MINUTES
Friday, May 26, 1978, 1:30 p.m.
Peter Masiko Administration Building, Room 1006

MEMBERS PRESENT:	Marshall Farkas Arnold Feiner Betti Pate Selma Rosenthal
MEMBERS ABSENT:	Dutchie Johnson Miguel Reyes
PROGRAM PERSONNEL:	James O'Connor - District Charles Klingensmith - District Susan Blank - South Campus Ron Fisher - New World Center

ITEM	DISCUSSION/ACTION
INTRODUCTION	Mr. Klingensmith welcomed the members and thanked each for accepting the appointment to the Human Services Advisory Committee. He informed the members that the committee had been registered with the State Department of Education and each one of the members' names had been forwarded to Tallahassee as members of the Human Services Advisory Committee. Mr. Klingensmith introduced all members and made a brief statement as to the unique contribution each brings to the committee.
PURPOSE AND FUNCTIONS	The purpose and functions of an advisory committee as stated in the Miami-Dade Advisory Committee Handbook and Reindeau's *Advisory Committees for Occupational Education* were reviewed. A lengthy discussion followed on: (1) the goals of the Human Services Program, (2) the role of this committee, (3) general education requirements in an occupational program, (4) the role of Life Lab. at the New World Center, in the Human Services Program. Mr. Klingensmith asked the members to identify persons currently employed in local facilities who could qualify as adjunct professors for the program and to identify individuals who may be interested in serving on the Advisory Committee.
POLICIES AND PROCEDURES	The following policies and procedures were established: Quorum shall consist of one half plus one of the appointed members.

ITEM	DISCUSSION/ACTION
	Term of Office shall be for a period of three years. The current members will serve until June 1, 1981.
	Meetings will be held at 1:30 p.m. on the second Friday of an even numbered month beginning October 13, 1978. The meeting place will be rotated utilizing the three campuses of Miami-Dade involved in the program and the agencies/institutions represented on the Advisory Committee. The committee decided to meet often in order to insure a successful launching of the program. Special meetings may be called by the chairperson if business warrants.
	Chairperson for the committee was not chosen at this meeting. Dr. Farkas moved and Ms. Pate seconded the motion that no chairperson be elected until all appointed members could attend.
	Secretary to the committee will be Mr. Klingensmith. He volunteered to be acting secretary until the committee elected one. Dr. Farkas moved and Ms. Pate seconded the motion that Mr. Klingensmith become the permanent secretary to the committee. The motion was discussed and passed.
RECRUITMENT	Ms. Pate stated that the Comprehensive Drug Program was undertaking a new study to determine the number of present employees who may be interested in the Human Services Program. She stated that several of the employees were currently enrolled in the Life Lab Program at the New World Center. As part of the recruitment effort Ms. Pate suggested that new recruitment materials be developed which would emphasize the fact that this was a new program with no ties to the previous Human Services Program at South Campus. In addition, she suggested that a questionnaire be developed which could be sent to current employees of the Comprehensive Drug Program. The goals of the questionnaire would be to determine the number of persons interested in the program, which campus would be most convenient to attend, etc. Dr. Farkas stated that the questionnaire could be attached to each employees pay check. Dr. Blank and Mr. Klingensmith will write the new recruitment material and questionnaire. The material and questionnaire will be delivered

ITEM	DISCUSSION/ACTION
	to Dr. Farkas' office for distribution. After the questionnaire has been distributed and returned the committee agreed to hold a special meeting in July if necessary to discuss the findings of the questionnaire. Ms. Pate asked to whom should inquiries be directed at each campus. The campus managers are: North Campus - Mr. Klingensmith; South Campus - Dr. Blank; New World Center - Mr. Alvarez. The committee also discussed financial aid, minimum competencies, utilizing county facilities for instruction and the role of each campus in the program.
ADJOURNMENT	Meeting adjourned at 3:30 p.m.

C. Klingensmith
Recording Secretary

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